

## Meeting of the Joint Conference Committee

Tuesday, June 29, 2021, 2 – 3:30PM  
Arrowhead Regional Medical Center  
"ZOOM" Conferencing Platform

Present	Joe Baca, Jr; Rodney Borger, MD; William Gilbert; Leonard Hernandez; Sam Hessami, MD; Kambiz Raoufi, MD; Janice Rutherford; Webster Wong, MD
Excused	
Guests	Ed Chavez; Andrew Goldfrach; Staci McClane; Arvind Oswal; Charles Phan; Stephanie Rose; Katrina Shelby; Suzette Swallow; Matt Swann; Ron Taber

Item	Discussion	Follow-up																
Call to Order	The meeting was called to order at 2:01PM.																	
1. Review Joint Conference Committee Meeting Minutes of March 25, 2021	<p>A motion to approve the minutes of the March 25, 2021, Joint Conference Committee (JCC) meeting was put forth by Webster Wong, MD, and seconded by William Gilbert. The roll call results are:</p> <table><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>Abstained (Unavailable to attend the March 25, 2021 meeting.)</td></tr><tr><td>Webster Wong, MD</td><td>Approve</td></tr></table> <p>Minutes are approved as submitted.</p>	Joe Baca, Jr	Approve	Rodney Borger, MD	Approve	William Gilbert	Approve	Sam Hessami, MD	Approve	Leonard Hernandez	Approve	Kambiz Raoufi, MD	Approve	Janice Rutherford	Abstained (Unavailable to attend the March 25, 2021 meeting.)	Webster Wong, MD	Approve	
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2. Director Report	<p>Mr. Gilbert presented as follows:</p> <p>Arrowhead Regional Medical Center (ARMC) is resuming "normal" operations. Mr. Gilbert and Nanette Buenavidez, Chief Nursing Officer, recently conducted Employee Forums with staff. The title of the forums was <i>Resilience, Revitalization, and Restoration of Our Journey to World Class</i>. The forums were virtual and about 1,478 employees participated, which is nearly 28% of ARMC's workforce, versus 21% for previous forums. These forums are important to share ARMC's and the County's overall strategy and mission, and also to gain input from ARMC staff. Many questions are received from the attendees, which can often be answered immediately; however, all questions and answers are uploaded to ARMC's intranet to assure access for all staff.</p> <p>Last week, ARMC graduated its first Future Leaders Program (FLP) class. FLP requires a one-year commitment by employees, who apply and are selected for this program. The program is open to all staff at ARMC. There were five graduates, and two of the five have hired into</p>																	

Item	Discussion	Follow-up
	<p>advanced positions at ARMC. A new FLP class will begin in July and there will be seven students in that class. In addition to the one-year commitment, the class requires each hospital administrator to mentor one student.</p> <p>ARMC is continuing work to establish structure that will provide a successful response to CalAIM, the State program for Medi-Cal Managed Care, which begins January 2022. ARMC is collaborating with Inland Empire Health Plan (IEHP) and Riverside University Health Care System (RUHCS) to gain alignment on strategies in the Inland Empire. An executive committee will be established with participants from all three organizations to discuss strategies and implementation for the CalAIM program.</p> <p>In regard to Population Health, ARMC continues to coordinate workgroups, in collaboration with Department of Behavioral Health and Public Health. Among other attendees, these workgroups include Dr. Veronica Kelley, Director of Behavioral Health, and CaSonya Thomas, Assistant Executive Officer for Community Revitalization. In lieu of services (ILOS) under CalAIM will include housing, which is one of Ms. Thomas's areas of responsibility for the County. The workgroups are <i>Behavioral Health Integration with Primary Care</i>, led by Mr. Gilbert and Dr. Kelley; <i>Social Determinants of Health</i>, led by Andrew Goldfrach; <i>Value-based Purchasing</i>, a physicians' group, which is led by Dr. Sam Hessami, and Mr. Gilbert; <i>Data Analytics IT</i>, led by Mr. Gilbert; and <i>Program and Resource Alignment</i>, led by Dr. Kelley. There is significant collaboration between County departments, which is an excellent opportunity to work together and create synergy between County departments, IEHP, and RUHCS.</p> <p>ARMC is continuing to move forward with the Epic project. It is a huge commitment to change ARMC's electronic health record (EHR) program. Epic is the EHR of choice, not only for this region, but also across the nation. The build phase has concluded and ARMC is beginning the integrated testing phase. This requires participation from clinical staff, including physicians, and line staff. It is believed Epic will be the backbone for health information throughout the County, allowing for one person/one record. The "Go Live" date is February 2022.</p>	
3. Major Capital Improvement Plans Update	<p>Mr. Andrew Goldfrach gave a PowerPoint Presentation regarding ARMC's Capital Improvement plans. (Attachment A.)</p> <p>Of particular note:</p> <ul style="list-style-type: none"> <li>• There are currently 116 capital improvement projects, which are fully funded within Real Estate Services Department (RESA), totaling about \$116 million dollars.</li> <li>• On the graph, the largest number of projects is 50, which is related to Facilities Management. This includes life safety and structural requirements for the ARMC facility and campus.</li> </ul>	

Item	Discussion	Follow-up
	<ul style="list-style-type: none"> <li>• Capital projects are grouped as Facility Upgrades, i.e., Life Safety; Revenue Generating; and Replacement Projects.</li> <li>• Top projects are: <ul style="list-style-type: none"> <li>○ Expansion of ARMC's Fontana Family Health Center (FHC) – The current Fontana FHC is about 9000 square feet. This clinic will move north to Baseline and Sierra Avenue and is expanding to 25,000 square feet. In September, the building will be released to ARMC, but most likely will not begin seeing patients until the end of this year, due to California Department of Public Health (CDPH) and OSHPD review and inspection.</li> <li>○ Extension of ARMC's Emergency Department (ED) – Where the current ED parking lot is located, ARMC would add a three-story addition. Estimated completion date is 2025.</li> <li>○ Six-story parking structure – This will help alleviate parking issues at ARMC, especially as new services are added.</li> <li>○ Major landscape improvements to the hospital – This will bring beautification to the front of the hospital. The back of the hospital, in terms of landscaping, will be delayed until after the ED and parking structure construction projects. This project is currently in its design phase, with an expected lead time of 1 – 2 years.</li> <li>○ There are 10 or more projects related to Medical Imaging (Radiology). The reason for highlighting these projects is each of them is significant, whether equipment replacements or upgrades. It is very important to work closely with RESD on bundling these projects due to the proximity of their locations and the need for CDPH and OSHPD review. The largest project is the biplane angiography room.</li> <li>○ Collaboration with RESD to assign additional FTEs to ARMC to oversee current and upcoming projects. In addition to the resources, ARMC and RESD are working on communication and transparency programs. Bi-monthly, ARMC and the RESD project management team meet to review all the projects and their status. Also, on a quarterly basis, ARMC Administration meets with RESD Administration.</li> </ul> </li> </ul>	
4. 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 January 1, 2021 through March 31, 2021. (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> </ol>	

Item	Discussion	Follow-up
	b. Medical Executive Committee Summary of Performance Improvement Activity for January 1, 2021 through March 31, 2021. (Attachment C.)	
6. Public Comment	No public comment	
7. Adjourn to Closed Session	<p>Adjourned to Closed Session at 2:33PM for review of the following Quality Assurance Reports:</p> <p>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):</p> <ul style="list-style-type: none"> <li>i. Peer Review Reports/Risk Update for January 1, 2021 through March 31, 2021.</li> <li>ii. Arrowhead Regional Medical Center Performance Improvement and Quality Management Report Administrative Summary for January 1, 2021 through March 31, 2021.</li> <li>iii. Medical Executive Committee Actions for January 1, 2021 through March 31, 2021.</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 3:10PM	

Approved by: \_\_\_\_\_  
Janice Rutherford, Joint Conference Committee Chair

\_\_\_\_\_  
Date





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# Capital Improvements

Joint Conference Committee Update

Andrew Goldfrach, FACHE  
ARMC Chief Operating Officer  
June 29, 2021



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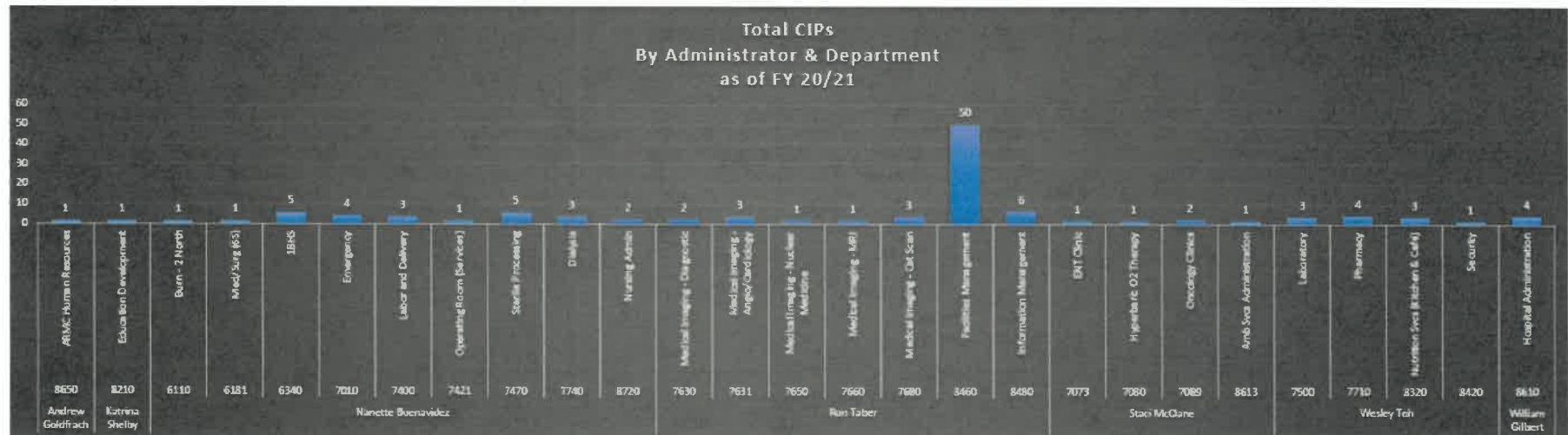
# Overview

| 2

Number of Current Projects: 116

Dollars Funded: \$116,117,140

Date of Oldest Project: 2016



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# Top Projects

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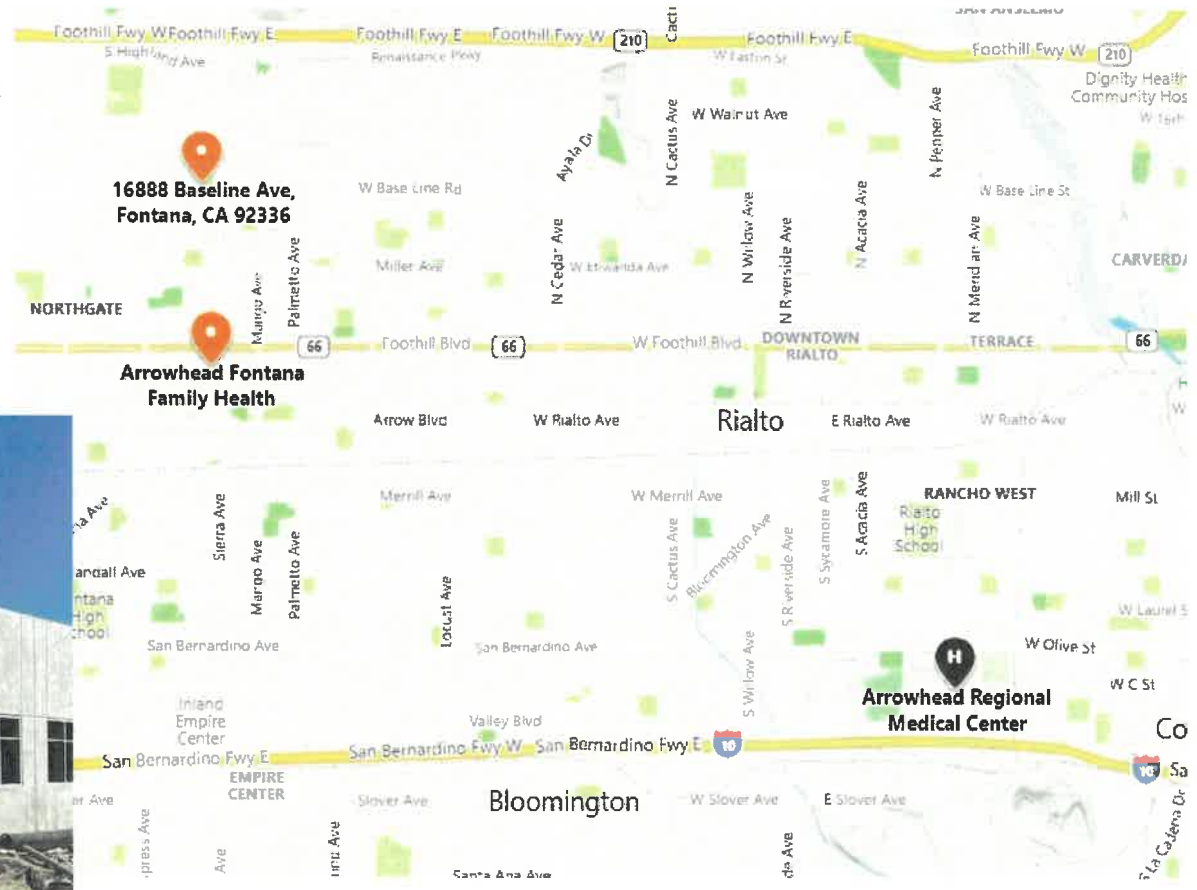
## Fontana Family Health Center

Expansion and move to new location for Family Health Services from 9,000 SqFt to 25,000 SqFt

New Location: Baseline and Sierra, Fontana

### Timeframe to Completion:

- September 2021 to be turned over to ARMC
- End of 2021 for occupancy due to CDPH inspections, etc.



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# Top Projects

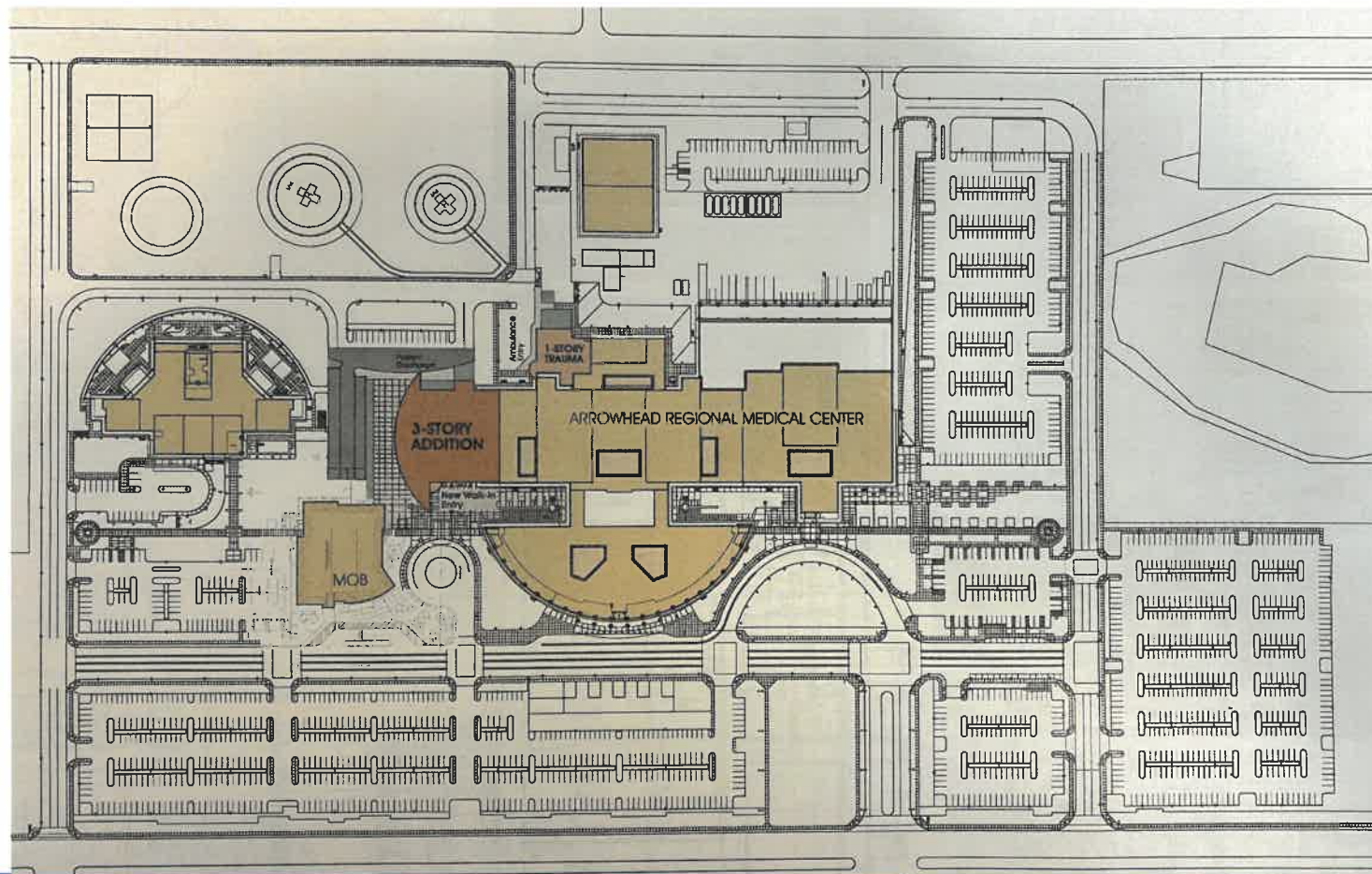
| 4

## Emergency Department & Parking Structure

New Emergency Department & Parking Structure on the ARMC Campus.

Estimated  
Timeframe to  
Completion  
(Emergency  
Department): 2025

Estimated  
Timeframe to  
Completion  
(Parking  
Structure): 2026



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# Top Projects

| 5

## Landscape Improvements

Refresh landscaping on the ARMC Campus

**Estimated Timeframe to Completion: 2023**



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# Top Projects

| 6

## Medical Imaging Upgrades

Replacement of multiple imaging equipment to enhance patient care and experience

Total Number of Projects: 10

- X-Ray Room Equipment Replacement
- CT Scanner Replacement (x2)
- MRI Equipment Replacement
- Multi-purpose Angio Unit Installation
- Interventional Radiology Equipment Replacement
- Nuclear Medicine Equipment Replacement
- Mammography Upgrades
- Bi-Plane Angiography Room

Projects to re-prioritize based on OSHPD “bundle” reviews to improve timeline & efficiency



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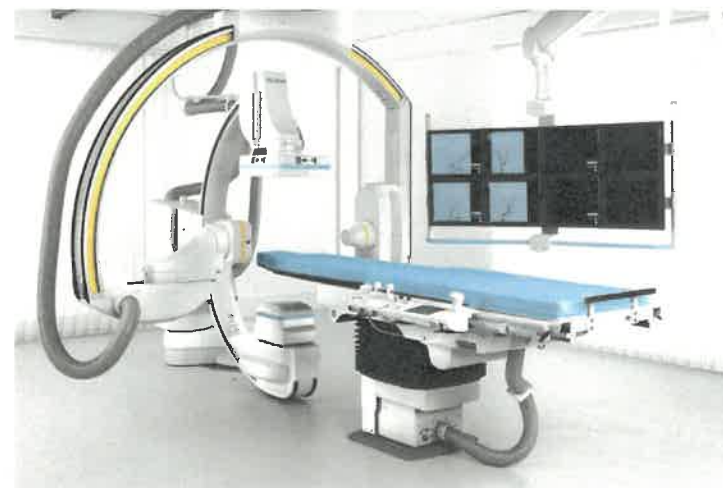
# Top Projects

| 7

## Bi-Plane Angiography Room

Allows for the simultaneous acquisition of two near-orthogonal views of the contrast-enhanced vasculature in real time

**Estimated Timeframe to Completion: 2024**





# Collaboration with Real Estate Services Dept.

| 8

## Current Status

- 1.0 FTE Full Assignment to ARMC
- 4.0 FTE Partial Assignment to ARMC and other Departments
- 1.0 FTE Supervisor oversight to ARMC and other Departments

## Upcoming Status

- 1.0 FTE Full Assignment to ARMC
- 4.0 FTE **Contract Assignment to ARMC (on-site)**
- 4.0 FTE Partial Assignment to ARMC and other Departments
- 1.0 FTE Supervisor oversight to ARMC and other Departments

## Communication & Transparency

### Bi-Monthly Meetings

RES D Project Team  
ARMC Administration  
ARMC Facilities

### Quarterly Meetings

RES D Director  
RES D Assistant Director  
ARMC Hospital Director  
ARMC Chief Operating Officer  
County Chief Operating Officer

### Monthly Reports

Project Tracker/Dashboard



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# Joint Conference Committee

## Compliance Report (period January 1, 2021 – March 31, 2021)

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



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# Compliance Program/Activity

## ■ Compliance Program/Activity:

- Oversee the annual Form 700 filling for Physicians and Staff (due April 1, 2021)
- 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

- Review and updates completed for all HIPAA Admin Policies Sections 700 and 1000 (Privacy and Security)
- Successfully implemented Multi-factor Authentication for all remote Citrix access to improve security.
- Completed first round of assessment interviews (virtual) and policy/document upload for the ARMC HIPAA Risk Assessment with Plante Moran.
- Upgrades to Mobile Device Management and Varonis File Scanning Software are in progress.



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# HIPAA Reportable Breaches

- No reportable breaches occurred during the report period.



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# Regulatory Compliance Update

(period January 1 – March 31, 2021)

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



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## Regulatory Update January – March 2021

- One (1) Sentinel Event occurred in this reporting period.
  - Plan of correction regarding a Code Pink was accepted by The Joint Commission.
- ARMC underwent eleven (11) CDPH complaint/follow-up visits resulting from patients, families, self-reports, and/or from employees or other anonymous sources that were investigated with no deficiencies to date.



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**JOINT CONFERENCE COMMITTEE  
ARROWHEAD REGIONAL MEDICAL CENTER  
EXECUTIVE SUMMARY OF THE MEDICAL EXECUTIVE COMMITTEE  
January 1, 2021 – March 30, 2021**

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 Family Medicine
- Department of Laboratory Medicine
- Department of Orthopedics
- Department of Pediatrics
- Department of Surgery

The following Medical Staff Committee reports were approved:

- Quality Management Committee
- Graduate Medical Education Committee
- 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
- Chief Nursing Officer's Report
- Quality and Accreditation Report
- Patient Experience Report

The following Administrative Operations Manual policies and procedures were approved:



JOINT CONFERENCE COMMITTEE  
ARROWHEAD REGIONAL MEDICAL CENTER  
EXECUTIVE SUMMARY OF THE MEDICAL EXECUTIVE COMMITTEE  
January 1, 2021 – March 30, 2021

Administrative Operations Manual

- Policy #610-29-Reconciliation of Medication Profiles
- Policy #670.32-Pre-operative Skin Decolonization Using 2% Chlorhexidine Gluconate
- Policy #700.01-Information Security-General Requirements
- Policy #610-29-Reconciliation of Medication Profiles
- Policy #630.06-GI Tube Insertion and Maintenance, Enteral Nutrition and Gastric Decompression in Adults

The following Departmental policies and procedures, were approved:

Trauma Services

- Policy #501.00-Blunt Cerebrovascular Injury Guideline
- Policy #511.00-Blunt Hepatic Injury, Selective Non-Operative Management
- Policy #512.00-Blunt Splenic Injury, Selective Non-Operative Management

Dialysis

- Policy #641.10-Dialysate Preparation Acid Mixing Using Granuflo Dissolution Unit

Nursing-Maternal Child Health

- Policy #5260.00-Hemorrhage: Post-Partum
- Policy #5265.00-Security System: Neonate/Infant/Child
- Policy #5213.00-Code Pink and Code Purple Response

Pharmacy

- Policy #6.3-Handling of Cytotoxic Agents
- Pharmacy Services Policy and Procedure Manual Summary 2020

Operative Services

- Policy #301.00-Cardiovascular Surgery Service Equipment and Supplies

Education Development

- Policy and Procedure Manual Summary

Emergency Response

- Policy #5040.02-Visitor Limitations Policy

Oncology Program

**JOINT CONFERENCE COMMITTEE  
ARROWHEAD REGIONAL MEDICAL CENTER  
EXECUTIVE SUMMARY OF THE MEDICAL EXECUTIVE COMMITTEE  
January 1, 2021 – March 30, 2021**

- Policy and Procedure Manual Summary
- Policy and Procedure Manual

The Committee was updated on the formation of a Wound Care work group. The work group is one of several taskforces working on hospital-wide initiatives to improve Leapfrog scores. Any work group updates or action items will be reported by Quality and Accreditation during Administrative Reports or by the Patient Safety Quality Committee at Quality Management Committee.

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 reviewed data on appropriateness of non-indicated physical therapy orders.

The Committee was informed elective, urgent, and emergency surgeries would resume.

The Committee encouraged Medical and Advanced Practice Professional Staff to participate in the Culture of Safety Survey.

The Committee was updated on progress of Cardiothoracic Services.

**JOINT CONFERENCE COMMITTEE  
ARROWHEAD REGIONAL MEDICAL CENTER  
EXECUTIVE SUMMARY OF THE MEDICAL EXECUTIVE COMMITTEE  
January 1, 2021 – March 30, 2021**

The Committee electronically approved the following:


- Combined Emergency Use Authorizations for COVID-19 MABs
- Infection Control Policy #802-Employee COVID-19 Vaccinations
- Emergency use Authorization for COVID-19 MABs Outline & Procedures
- Posting COVID-19 Results to Patient Portal Immediately
- Medical Staff Policy #23-Critical Care Resource Allocation During Disaster Scenarios
- Plan Of Correction-Emergency Codes-Infant Abduction
- Information Distribution-New Orders for CT Low Dose
- Information Distribution-2020 Culture of Safety Survey in HealthStream
- Information Distribution-Product Change Central Line Kits

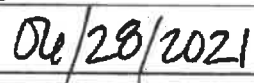
The MEC members approved the assignment of the following HealthStream education modules:

- 3/2021 Staff to Patient Abuse and Neglect Corrective Action
- Antibiotic Usage to Medical and Advanced Practice Professional Staff at Initial Application and Reappointment
- Code Pink Policy Validation

The following Committee appointments were approved:

- MEC Pediatric Department Representative-Anita Barringham, MD
- Infection Control Committee-Leslie Ghisletta, MD-Surgery
- Blood Utilization Review Committee-Ahmad Ibrahim, MD-Laboratory Medicine-Provisional
- Chairman-Department of Behavioral Health-David Seigler, MD
- MEC members were informed that Dr. Dang, Chairman, Department of Medical Imaging would be stepping down as Chairman. Dr. Ha Le, Vice-Chairman, Department of Medical Imaging would be stepping in until a replacement is appointed by the Medical Center Director and Chief Medical Officer, and approved by the MEC and Governing Board.

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

  
\_\_\_\_\_  
Date