



To: Joint Conference Committee Members
 From: Supervisor John Gioia – District I
 Supervisor Diane Burgis – District III
 By: Samir Shah MD, Chief Executive Officer
 Contra Costa Regional Medical Center

Date: December 13, 2021
 Subject: Meeting Notice
Joint Conference Committee

Due to the Shelter-in-Place Order, this meeting will not be held in person. You can access the meeting remotely by using the information on page 3 of this agenda.

**JOINT CONFERENCE COMMITTEE
 VIA ZOOM WEBINAR-Instructions on Page Three of This Agenda
 AGENDA**

December 13, 2021 from 1:30 – 2:30 pm

AGENDA ITEM	RECOMMENDATION
I. CALL TO ORDER and INTRODUCTIONS Meeting Chair- Supervisor John Gioia, District I	Inform
II. APPROVAL OF MINUTES – October 4, 2020 Supervisor Gioia	Inform/Action
III. PUBLIC COMMENT Supervisor Gioia <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to two minutes or less. Under State law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration.</i>	Inform
IV. GOVERNANCE Kristin Moeller, M.D., Medical Staff President A. 2022 Governing Authority bylaws proposed revisions	Inform/Consent
AGENDA ITEM	RECOMMENDATION

<p>V. ADMINISTRATIVE UPDATE Samir B. Shah, MD, Chief Executive Officer/Chief Medical Officer</p> <p>A. 2021 Accomplishments B. Covid Update</p>	<p>Inform</p>
<p>VI. MEDICAL STAFF UPDATE Kristin Moeller, M.D., Medical Staff President</p> <p>A. Patient Care Policies for CCRMC/HCs</p> <ul style="list-style-type: none"> - List of policies reviewed by the Medical Executive Committee which now require Board approval. Copies of full policies may be viewed on the CCHS SharePoint site, JCC Policies, December 13, 2021. Site address: https://contracostahsd.sharepoint.com/:f:/s/JCCPolicies/EnJ-4anEa81NvmAOP1yfh6kBRPArHkvvB2EaEitezzFgBA?e=u8keaP <p>Note: Above link is <u>not live</u>. Copy and paste to address line to access policy folder.</p> <p>B. Family Medicine Residency Report</p>	<p>Inform/Consent</p>
<p>VII. SAFETY AND QUALITY UPDATES Sergio Urcuyo M.D., Hospital Medical Director</p> <p>A. Behavioral Health Update</p>	<p>Inform</p>
<p>VIII. ADJOURN to Professional Affairs Committee Any public comment for the Professional Affairs Committee (PAC) will be taken prior to adjournment to accommodate the electronic nature of these meetings and non-public nature of PAC. PAC will be held under separate Zoom meeting. PAC attendees, please disconnect and use the PAC invite Zoom information for that meeting.</p>	<p>Inform</p>
<p>IX. NEXT MEETING: To be determined in January 2022</p>	

Joint Conference Committee observes Ralph M. Brown Act open meeting law procedures. Reasonable accommodations will be provided for persons with disabilities planning to attend. Contact the staff person listed below at least 72 hours before the meeting. Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the County to a majority of members of the Joint Conference Committee prior to that meeting are available for public inspection at 2500 Alhambra Avenue during normal business hours. Public comment may also be submitted via electronic mail at least one full work day prior to the published meeting time. For information contact Karin Stryker – karin.stryker@cchealth.org, 925-370-5141.

Zoom Webinar

Meeting Instructions

Please click the link below to join the webinar:

<https://cccouny-us.zoom.us/j/86974547901?pwd=VzdTUGwzcnJPbXYzY3ptZXB0eVRYQT09>

Passcode: 985763

Or Telephone:

Dial:

USA 214 765 0478 US Toll

USA 888 278 0254 US Toll-free

Conference code: 154228

Or an H.323/SIP room system:

H.323: 162.255.37.11 (US West) or 162.255.36.11 (US East)

Meeting ID: 869 7454 7901

Passcode: 985763

SIP: 86974547901@zoomcrc.com

Passcode: 985763



JOINT CONFERENCE COMMITTEE

Minutes

October 4, 2021 from 1:00 – 2:00 pm

Due to the Shelter-in-Place Order, this meeting will not be held in person.

<p><i>VOTING MEMBERS PRESENT: Supervisor John Gioia, District I; Dr. Courtney Beach, Chair, Hospital Medicine; Andrea Sandler MD, Chair, Family Medicine; Supervisor Diane Burgis, District 3. NON-VOTING MEMBERS PRESENT: Samir Shah MD, Chief Executive Officer/Chief Medical Officer; Kristin Moeller MD, Medical Staff President; Anna Roth, R.N., Health Services Director. NON-VOTING MEMBERS ABSENT: None. GUESTS PRESENT: Jaspreet Benepal RN, Chief Nursing Officer; Sergio Urcuyo MD, Hospital Medical Director; Karin Stryker, Director, Safety and Performance Improvement; David Runt, Chief Operations Officer. Helena Martey, Director of Ambulatory Care; Ira-Beda Sabio, Director of Inpatient Nursing; Erika Jenssen, Deputy Health Director; Gabriela Sullivan MD, Ambulatory and Specialty Medical Director; Rajiv Pramanik, Chief Medical Informatics Officer; William Walker, Director of Health Services; David Mac Donald MD; Heather Cedermaz, Family Nurse Practitioner</i></p>		
Tab #	AGENDA ITEM	RECOMMENDATION
	<p>I. CALL TO ORDER and INTRODUCTIONS Meeting Chair- Supervisor John Gioia, District I</p>	<p><i>Inform</i></p>
	<p>II. APPROVAL OF MINUTES – August 2, 2021 Supervisor Gioia</p> <p><i>In open session, voting members of Contra Costa Regional Medical Center Joint Conference Committee voted to accept the August 2, 2021, Joint Conference Committee minutes.</i></p>	<p><u>Motion:</u> <i>By Gioia</i> <i>Seconded by Burgis</i></p> <p><u>Ayes:</u> <i>Sandler</i> <i>Burgis</i></p> <p><u>Absent:</u> <i>None</i> <u>Abstain:</u> <i>None</i></p>
	<p>III. PUBLIC COMMENT Supervisor Gioia</p> <p><i>David MacDonald requested a Measure X update. He expressed concern that the hospital and clinics will not get a significant enough portion of the funding to address infrastructure and the system needs.</i></p> <p><i>Per Supervisor Gioia, the Measure X advisory committee is finalizing their written recommendation to the Board of Supervisors. This recommendation will be considered at the October meeting and the Board will make final allocations. Anyone will be welcome to weigh in and testify at the Board of Supervisors meeting set aside for that conversation.</i></p> <p><i>Diane Burgis emphasized the importance of attending the last Measure X Committee Meeting. It is an advisory group, so all recommendations go to the supervisors. She clarified that the November 2 Board of Supervisors meeting is the date for cases to be made to the board.</i></p> <p><i>Heather Cedermaz voiced concern regarding resources allocated from Measure X to the Healthcare for the Homeless and the cancer programs. Patients desire to receive their</i></p>	<p><i>Inform</i></p>

<p><i>services physically at their chosen health services location. She noted that sending them to alternate locations can impact their care. Additional infrastructure is needed to support the hiring of more providers.</i></p> <p><i>Supervisor Gioia suggested that these comments be made to the Board of Supervisors. These comments can also be made at the last Measure X Advisory Committee Meeting, as they will finalize their recommendations in writing.</i></p> <p><i>An unidentified resident of Contra Costa County expressed concern over the vaccination mandate for 7th – 12th grade children. Requesting County Supervisors ensure the Health Officer is extremely clear when communicating with the school district regarding the exemptions available for this mandate.</i></p>	
<p>IV. ADMINISTRATIVE UPDATE Samir B. Shah, MD, Chief Executive Officer/Chief Medical Officer</p> <p>A. Covid-19 update</p> <p><i>Dr. Shah stated that we are working rapidly to comply with the state health officer order requiring all staff members to be either vaccinated or exempted. CCRMC is following the mandates and is in the process of working with Human Resources to address staff compliance.</i></p> <p><i>Per Dr. Urcuyo, the surge from the Delta variant of the COVID virus is concluding. We fared well in comparison to other facilities and counties, due to our high vaccination rates and mask compliance. He also addressed CCRMC and Health Center’s preparedness and standard work on drug modalities/techniques.</i></p> <p><i>Vaccination efforts continue at the hospital and throughout the system. We are checking the vaccination status for our patients and assisting patients and visitors with on-site testing when appropriate.</i></p> <p>B. Behavioral Health update</p> <p><i>The Wright Institute ceased providing services by the beginning of October at CCRMC/HCs. During the 2-year long transition process, we built up our internal infrastructure for our Behavioral Health program in preparation for the change.</i></p> <p><i>Three Wright psychologists were retained from the previous contract. Currently, nine behaviorists, psychologists, licensed clinical social workers and marriage and family therapists work in the system, with two hires pending. They have all been integrated physically into the clinics and are available to take warm handoffs.</i></p> <p><i>The restructuring of referrals resulted in primary care setting referrals being immediately scheduled into open slots for one of the behaviorists. The number of patients seen dramatically increased due to the short wait list for mild to moderate behavioral health.</i></p> <p><i>Supervisor Gioia requested the increase in volume year over year for the last two years in behavioral health broken down by crisis vs. non crisis.</i></p> <p><i>Supervisor Burgis requesting data on suicide attempts over time, wondering whether our patients are taking advantage preventative care.</i></p> <p><i>An unidentified resident of Contra Costa County inquired if anyone who presented on this item knows the suicide rates related to job loss and the vaccination mandates in our county. They stated that those who contracted COVID early-on should have the right to not be vaccinated and requested that individuals be offered and exemption for personal beliefs.</i></p>	<p>Inform</p>

	<p>C. Quality Incentive Program (QIP) update</p> <p><i>Dr. Sullivan stated that we are seeing some good improvements with people getting their healthcare maintenance. She discussed our improvement work on cervical cancer screenings, mammograms, and childhood well care visits with vaccinations. Strong outreach efforts: calling, texting, MyChart messages, and incentives have resulted in positive response rates. Telehealth options are still included in every primary care template.</i></p> <p><i>Dr. Sandler and Dr. Shah addressed efforts for other priority measures such as cancer and diabetes on encouraging patients to catch up on care delayed due to the Covid emergency.</i></p> <p><i>Dr. Beach acknowledges that CCRMC is experiencing sicker than usual patients presenting to the hospital. They are coming in younger and sicker with conditions such as heart failure and cirrhosis usually related to substance abuse, as well as people presenting with malignancies at late stage.</i></p>	
<i>Tab #</i>	AGENDA ITEM	RECOMMENDATION
	<p>V. SAFETY AND QUALITY UPDATES Sergio Urcuyo, MD, Hospital Medical Director</p> <p>A. PSPIC Highlights</p> <p><i>The Patient Safety and Performance Improvement Committee resumed regular committee work, which includes one of our patient partners, last month on patient safety standards.</i></p>	<i>Inform</i>
	VI. ADJOURN	<i>Inform</i>
	VII. NEXT MEETING: December 13, 2021	
Minutes approved by Chair: Supervisor John Gioia, District I		
_____ Supervisor John Gioia	_____ Date	<i>Minutes by Shanazz Ahmad</i>



**Contra Costa
Regional Medical Center
& Health Centers**

A Division of Contra Costa Health Services

GOVERNING AUTHORITY BYLAWS

Contra Costa Regional Medical Center and Health Centers

Effective January 202~~2~~¹

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BYLAWS OF
CONTRA COSTA REGIONAL MEDICAL CENTER
AND HEALTH CENTERS

ARTICLE I

GENERAL

- Section 1. Name. The name of the hospital is Contra Costa Regional Medical Center and Health Centers.

- Section 2. Principal Business Office. The principal business office is in the City of Martinez, County of Contra Costa, State of California.

DRAFT

DEFINITIONS

The following definitions apply to the provisions of the Bylaws:

1. "Administrator" or "CCRMC Administrator" – The Chief Executive Officer of Contra Costa Regional Medical Center and Health Centers, and his/her designee.
2. "Board" or "Governing Body" – The Board of Supervisors for the County of Contra Costa.
3. "Director" – The Director of Health Services for the County of Contra Costa.
4. "Hospital" or "Medical Center" – Contra Costa Regional Medical Center and Health Centers.
5. "Medical Staff" – The formal organization of all members of the CCRMC and Health Centers' Medical Staff as defined in the Medical Staff Bylaws.
6. "Joint Conference Committee" – A joint Medical Staff and Board committee that performs institutional management, planning, and performance improvement functions.
7. "Professional Affairs Committee" – A joint Medical Staff and Board committee that performs professional quality management functions.

MISSION

Contra Costa Health Services cares for and improves the health of all people in Contra Costa County with special attention to those who are most vulnerable to health problems.

DRAFT

ARTICLE II

GOVERNING AUTHORITY

Section 1.

General. The Board of Supervisors of Contra Costa County (hereafter the “Board”) is the governing authority of Contra Costa Regional Medical Center and Health Centers (hereafter the “Hospital”).

- a. Establishment of Policy. The Board shall establish all policy regarding the general course of affairs of the Hospital in such a manner that the purpose of the Hospital shall be continually and effectively realized and shall require those mechanisms necessary to insure implementation of those policies. Policy shall be established in these Bylaws or through written resolution as appropriate to the issue.
- b. Responsibility. The Director of Health Services of Contra Costa County, the Chief Executive Officer of Hospital and Health Centers, the Medical Staff, the Joint Conference Committee, the Professional Affairs Committee, all Hospital personnel and all Auxiliary organizations are responsible to the Board with regard to all Hospital matters.

No assignment, referral or delegation of authority by the Board to any person or body shall impair the Board’s right to exercise its authority for the operation of the Hospital. The Board retains the right to rescind any assignment, referral or delegation at any time.

- c. Operations Management. The Board through the County Administrator and Director of Health Services will:
 1. Review, approve, and recommend annual operating and capital budgets;
 2. Arrange for appointment of a qualified CCRMC Administrator and other staff;
 3. Ultimate responsibility for assuring, through the Hospital and County Administration and Medical Staff, that all legal requirements pertaining to proper operation of the Hospital, including licensure and accreditation standards, are met.

ARTICLE III

JOINT CONFERENCE COMMITTEE

Section 1.

General Duties. The Joint Conference Committee shall perform the following functions:

a. Institutional Management and Planning.

1. Operations Management. The Joint Conference Committee shall exercise general oversight of the operation of the Hospital as follows:

- a) Monitor and evaluate the financial performance of the Hospital and compare it to the applicable budgets and plans;
- b) Monitor the Hospital's cost containment efforts;
- c) Review and approve Administrative Policies;
- d) Monitor professional activities to assure that they are performed in the best interests of the patients and the Hospital;
- e) Consider plans for changes in the Hospital organization;
- f) Make recommendations to the Board as needed regarding activities and problems of the Hospital;
- g) Provide a forum for communication between the Joint Conference Committee, the Medical Staff, and the Administration of Contra Costa County by keeping each informed of pertinent actions taken or completed by the other;
- h) Develop and maintain, annually review, and revise as necessary, a set of operational Bylaws; and
- i) Monitor the physical facilities for purposes of safety and compliance with current code and licensure requirements.

2. Planning. The Joint Conference Committee shall be responsible for the institutional planning of the Hospital and for assuring that those plans are carried out in an effective and efficient manner as follows:

- a) Monitor the annual operating budget and develop and monitor short- and long-term expenditure plans designed to provide equipment and facilities consistent with community needs and available financial resources; and
- b) Report as needed to Hospital Administration, County Administration, the Board, and the Medical Staff, regarding the Hospital's financial planning.

3. Safety and Performance Improvement. The Joint Conference Committee shall review, approve and oversee the Safety and Performance Improvement program of the Hospital as follows:

- a) Annually review and approve the integrated and hospital-wide Safety and Performance Improvement Plan;
- b) Review and approve reports on Performance Improvement activities of the Hospital and Medical Staff to ensure that opportunities to improve care and problems with quality care are being identified; that actions are being recommended, implemented, and evaluated; that ongoing monitoring is occurring; and that modification of action plans is recommended as appropriate;
- c) Ensure that the same level of care is being uniformly provided throughout the Hospital and that the quality of that care meets professional practice standards;
- d) Conduct ongoing evaluation and annual review of Joint Conference Committee and Professional Affairs Committee effectiveness in meeting delegated responsibilities.

Section 2.

Number and Qualifications

- a. The number of members of the Joint Conference Committee shall not exceed ~~nine~~ ten (10).
 - 1. Two (2) members shall be appointed from the Board membership. These appointments shall be made by the Board. They shall have **full voting** privileges.
 - 2. Two (2) members shall be appointed by the Medical Executive Committee from the Medical Executive Committee membership. They shall have **full voting** privileges.
 - 3. One (1) member shall be the CCRMC President of the Medical Staff. This member shall have ex-officio status **without voting** privileges, except in the event of a split vote. If there is a split vote of the voting members, the CCRMC President of the Medical Staff shall cast the deciding vote.
 - 4. One (1) member shall be the Director of Health Services of Contra Costa County. This member shall have ex-officio status **without voting** privileges.
 - 5. One (1) member shall be the CCRMC Administrator. This member shall have ex-officio status **without voting** privileges.
 - 6. One (1) member shall be the Health Services Chief Financial Officer. This member shall have ex-officio status **without voting** privileges.
 - 7. One (1) member shall be the CCRMC Chief Medical Officer. This member shall have ex-officio status **without voting** privileges.
 - ~~7.8.~~ One (1) member shall be the CCRMC Chief Nursing Officer. This member shall have ex-officio status **without voting** privileges.
- b. Term. Prior to the first meeting of each year, the Board and the Medical Executive Committee shall appoint or reappoint members for a calendar-year term to replace those Joint Conference Committee members whose terms have expired and to fill vacancies. Newly appointed Joint Conference Committee members shall assume responsibility at the next meeting after appointment.

A member who is appointed during the calendar year to fill a vacancy shall serve out the remainder of the calendar-year term. Members of the Joint Conference Committee shall invite to meetings representatives from the Medical Staff and Administration, as appropriate.

- c. Quorum. In order to hold a meeting a Quorum must be physically present. A Quorum shall consist of at least three (3) of the four (4) voting members.
- d. Alternates.
 - 1) When a Medical Staff voting member is unable to attend a meeting or has a conflict of interest that would prevent the member from participating at the meeting, the Medical Staff President, or Designee, may request the Chief Medical Officer to act as an alternate Medical Staff voting member. If the Chief Medical Officer is unable to serve as an alternate Medical Staff voting member, the Medical Staff President may appoint an alternate from the Medical Staff.
 - 2) When a Board member with voting privileges is unable to attend a meeting or has a conflict of interest that would prevent the member from participating in the meeting, the Board member may request that the alternate Board member for the Joint Conference Committee, as appointed by the Board, serve in his/her place.
 - 3) The designation of an Alternate voting member shall be made in writing and shall provide such written designation to the Committee Secretary as soon as feasible.

Section 3.

Vacancies. Any vacancy occurring by death, resignation, or loss of position required for membership shall be filled within thirty (30) days in the case of appointed voting members, and at the first meeting after assignment to the position for all other members. Appointed members may resign at any time by notice to the Joint Conference Committee. Such resignation, which may or may not be made contingent on formal acceptance, takes effect on the date of receipt or at any later time specified in the notice.

Section 4. Meetings.

- a. Public Meetings. Meetings of the Joint Conference Committee shall be open to the public and shall be held at least four times per year.
- b. Special Meetings. Special meetings of the Joint Conference Committee may be called by a majority of the voting members or by the Presiding Chair. The purpose of any special meetings shall be stated in the notice and agenda thereof which shall be provided to each member of the Joint Conference Committee and to other persons who have requested notice of special meetings, and posted in accordance with the Brown Act and the Contra Costa County Better Government Ordinance.
- c. Notice. Notice of all meetings shall be given in accordance with the Brown Act and the Contra Costa County Better Government Ordinance.

d. Attendance by Teleconference. A teleconference line will be made available for committee members to participate remotely only when teleconference conditions are met in accordance with Brown Act and Contra Costa County Better Government Ordinance Public Meeting requirements.

Section 5.

Conflict of Interest. All members of the Joint Conference Committee shall comply with all applicable state and local laws pertaining to conflict of interest.

ARTICLE IV

OFFICERS AND COMMITTEES

Section 1.

Officers. There shall be two (2) appointed officers of the Joint Conference Committee.

a. Chair.

- 1) Qualification and Selection. The Chair of the Joint Conference Committee shall be a member of the Board of Supervisors or a member of the Medical Staff, who is serving on the Joint Conference Committee. The Chair shall be nominated and elected by the Joint Conference Committee voting members at the first meeting of each calendar year. The newly designated Chair shall assume responsibility upon adjournment of the first meeting of each calendar year.
- 2) Responsibilities. The Chair shall preside over all meetings of the Joint Conference Committee, supervise the activities of the Joint Conference Committee and serve as an ex-officio voting member of all subcommittees of the Joint Conference Committee.
- 3) Substitute. If the Chair is absent, the voting members will appoint a substitute Chair from among the members of the Joint Conference Committee.

b. Secretary.

- 1) Designation. The CCRMC Administrator shall serve as the Secretary of the Joint Conference Committee.
- 2) Responsibilities. The Secretary shall keep or cause to be kept at the principal office or at such other place as the Joint Conference Committee may determine, a book of minutes of all meetings whether regular or special, with the time and place of the meeting, the proceedings thereof and, if a special meeting, how it was authorized. The Secretary shall give or cause to be given notice of all meetings of the Joint Conference Committee as required by these Bylaws or by law.
- 3) Delegation. At the discretion of the Secretary, an employee of the County of Contra Costa may be designated to perform the secretarial services of the Joint Conference Committee, which may include the following functions: take minutes of all meetings, maintain documentation of Joint Conference Committee members' orientation and continuing education, and obtain and report conflict of interest statements annually.

Section 2.

Sub-committees. The creation of Joint Conference Committee sub-committees is discretionary. Each sub-committee shall have and exercise the duties conferred by the resolution by which the sub-committee was created. Minutes shall be kept of proceedings, and recommendations reported to the Joint Conference Committee. Sub-committees shall comply with these Bylaws and all applicable state and local laws regarding meetings, notices, agendas, quorum, and conflicts of interest.

ARTICLE V

PROFESSIONAL AFFAIRS COMMITTEE

Section 1.

Responsibilities. The Professional Affairs Committee shall be responsible for monitoring problems and improvements related to quality of care, including;

- a. Monitoring personnel actions related to Medical Staff performance and quality of care, such as considering the appointment, employment, evaluation of performance and dismissal of public employees;
- b. Considering matters concerning staff privileges; and
- c. Reviewing adverse event reports and related Performance Improvement activities of the Hospital and Medical Staff.

Section 2.

Members and Officers. Members and officers of the Professional Affairs Committee shall be the same as the members and officers of the Joint Conference Committee and shall have the same responsibilities and privileges.

Section 3.

Meetings.

- a. Frequency. The Professional Affairs Committee shall meet as needed.
- b. Public Attendance. Meetings of the Professional Affairs Committee shall be open to the public, except for those patient and personnel items of business that for reasons of patient and employee confidentiality must be addressed in Closed Session, or as otherwise required by law.

ARTICLE VI

BYLAWS AND AMENDMENTS

Section 1.

Amendments. These Bylaws may be amended or repealed and new Bylaws adopted by a majority vote of the Board.

DRAFT

These Bylaws have been reviewed and approved:

CONTRA COSTA REGIONAL MEDICAL CENTER

Health Services Director

Date

COUNTY OF CONTRA COSTA

Chair of the Joint Conference Committee

Date

Reviewed and revised December 2021

Approved by Contra Costa Regional Medical Center Joint Conference Committee _____ (date pending)

Reviewed by County Counsel _____ (date pending)

Approved by Contra Costa County Board of Supervisors _____ (date pending)



CCRMC 2021 Accomplishments

***Samir B. Shah, M.D.
CEO/CMO***

National

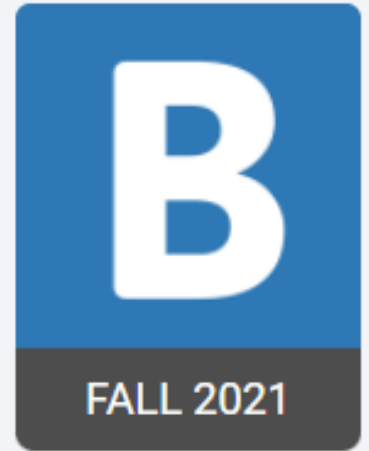
- Leapfrog Safety Grade: **B** (5th consecutive)
- BFUSA - Baby Friendly Hospital Designation
- Newsweek - Best Maternity Care Hospitals
- Lown Institute - Top 10 Hospitals: Avoiding Unnecessary Services

California

- CAPH Quality Leader Award Top Honor - Vaccine Equity Initiative
- PRIME MediCal Waiver - Five Year Achievement Award
- CA State Opioid Care Honor Roll-Superior Designation
- CA State Maternity Care Honor Roll-Cesarean Section Reduction honors

Leapfrog

- Non-profit organization measuring patient safety nationwide
- Hospital survey and publicly reported data utilized in safety score and published on website
- Score Data includes:
 - Hospital Acquired Conditions
 - Patient Safety Indicators
 - Patient Safety Practices
 - Patient experience Surveys
 - Hand Hygiene Practices



Baby Friendly USA



- Successfully received designation: January 2020.
- Four-year process of preparation, education, training and adherence to breastmilk feeding best practices and baby-friendly care.



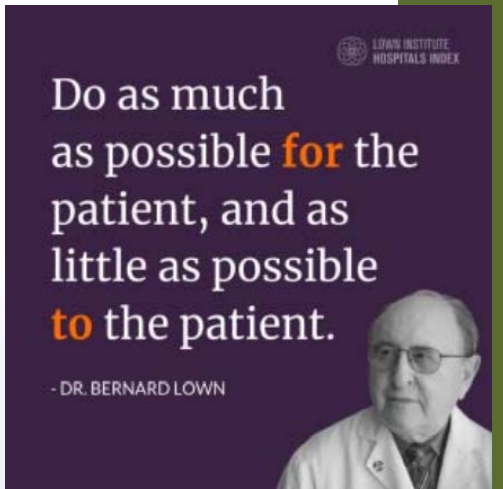
Newsweek-Best Maternity Care Hospitals

Newsweek partnered with [The Leapfrog Group](#), a national nonprofit organization that reports on the safety and quality performance of U.S. health care facilities. Our list of the Best Maternity Hospitals 2020 presents 231 entries in 36 states, categorized by region.



Hospital ▲	City	State	Region	Annual Deliveries
CHRISTUS St. Vincent Regional Medical Center	Santa Fe	New Mexico	Southwest	1,171
Cleveland Clinic Health System - Fairview Hospital	Cleveland	Ohio	Midwest	5,173
Contra Costa Regional Medical Center	Martinez	California	West	1,889
Cooley Dickinson Hospital	Northampton	Massachusetts	Northeast	514
Cooper University Hospital	Camden	New Jersey	Mid-Atlantic	2,197

Lown Institute – Avoiding Unnecessary Services



A new ranking from the Lown Institute, a nonpartisan think tank, lists which hospitals in the U.S. are the best for avoiding overuse of low-value tests and procedures.

Becker's Hospital Review, May 4, 2021



LI's top 10 hospitals for avoiding unnecessary tests and procedures:

1. Scott County Hospital (Scott City, Kan.)
2. Beth Israel Deaconess Medical Center (Boston)
3. West River Regional Medical Center (Hettinger, N.D.)
4. Highland Hospital (Rochester, N.Y.)
5. Mayo Clinic Health System-Lake City (Minn.)
6. Maine Medical Center (Portland)
7. Sidney (Neb.) Regional Medical Center
8. Mary Hitchcock Memorial Hospital (Lebanon, N.H.)
9. Healdsburg (Calif.) District Hospital

10. Contra Costa Regional Medical Center (Martinez, Calif.)

2021 CAPH Quality Leader Awards – Top Honor

Vaccine Equity Initiatives



Pastor Dr. Kamal Hassan partnered with CCHS to host a vaccination clinic at Sojourner Truth Presbyterian Church in Richmond. This clinic was part of CCHS' collaboration with One Accord, an African American faith-based community that consists of 30 churches in West Contra Costa County.



CCHS' Medical Reserve Corp Strike Team and Hijas Del Campo, an organization that helps migrant and seasonal farm workers, hosted a vaccination clinic at Central Farms in Brentwood to administer COVID-19 vaccine to farm workers.



A CCHS nurse administers 13-year-old Gavin's first COVID-19 dose at a school clinic in Antioch.

PRIME

- Public Hospital Redesign and Incentives in MediCal (PRIME) program sunset on June 30, 2020
- CCRMC & HCs met nearly all targets over 5-year program
- Through over-performance on many of our high-performing metrics, we received funding above allocated funds
- Realized the **highest % of our own funding of any hospital or system**



California State Honors

Cal Hospital Compare – CA Dept. of Health and Human Services



Contra Costa Regional Medical Center

2021 Honor Roll Award

For Maternity Care

To receive this award, a California hospital must achieve the statewide 23.9 percent or lower for low risk, first birth deliveries, and participate in the Quality Care Collaborative's Maternal Data Center. The award is based on...

Mark Ghaly, MD
Secretary
CHHS Agency

Robert Imhoff
President
Hospital Quality Institute

2020 Opioid Care Honor Roll Recipients

Hospital Name

City

Superior Performance (25)

Adventist Health Clear Lake	Clearlake
Adventist Health Howard Memorial	Willits
Adventist Health Rideout Memorial Hospital	Marysville
Bakersfield Memorial Hospital	Bakersfield
California Hospital Medical Center	Los Angeles
Contra Costa Regional Medical Center	Martinez



MEDICAL EXECUTIVE COMMITTEE AGENDA

CHAIR-KRISTIN MOELLER, M.D.

September 20, 2021

12 to 2:00p

VIA ZOOM

As the elected leadership of the CCRMC/HCs Medical Staff, we stand against racism and hate. We recognize the negative impact of longstanding structural racism on health, and we commit to take action to combat this in our own system and work for health equity for our patients.

Join Zoom Meeting

<https://cchealth.zoom.us/j/8544948118>

Meeting ID: 854 494 8118

****If you are on phone only for the Zoom, use *6 to mute/unmute**

Agenda Topic	Status	Time
Call to Order		
Review of August 16, 2021 Minutes	See attached Draft Minutes.	2 min.
Announcements (3 min)		
<ul style="list-style-type: none"> ● October 18, 2021 MEC meeting reports to Sue by October 8, 2021 <ul style="list-style-type: none"> ○ Contra Costa Health Plan-Sharron Mackey ○ Ethics Committee-Dr. Porteous ○ DFAM-Martinez Division-Dr. Katzman ○ Residency-Dr. Johnson <p>Please use the standard SBAR form for your reports -You will be given 5 minutes in which to present your report. Please number the pages of your report.</p> <ul style="list-style-type: none"> ● Other October business: JCC Nominations <p>Next meeting October 18, 2021</p>		
ADMINISTRATIVE REPORTS		
Anna Roth, Health Services Director Chris Farnitano, M.D.-Health Officer Pat Godley, CFO for Health Services Jaspreet Benepal, RN, Chief Nursing Officer Samir Shah, M.D., Chief Executive Officer/Chief Medical Officer Vacant - Chief Quality Officer David Runt - Chief Operations Officer Gilbert Salinas, Chief Equity Officer, HS	Rajiv Pramanik, M.D.- CMIO Gabriela Sullivan, M.D.- Specialty/Ambulatory Medical Director Ori Tzvieli, M.D., Public Health Director Sharron Mackey, MHS, Chief Executive Officer CCHP Dennis Hsieh, M.D., Medical Director/Chief Medical Officer CCHP Sergio Urcuyo, M.D.- Hospital Medical Director	
NEW BUSINESS		



MEDICAL EXECUTIVE COMMITTEE AGENDA

CHAIR-KRISTIN MOELLER, M.D.

September 20, 2021

12 to 2:00p

Agenda Topic	Status	Time
Ruth Pease Awards Winners Ruth Pease Winner: Lori Pagan (AHC) Honorable Mentions: Mickey Ryan (OAMH) and Rhiannon Dodds (PHC)	Dr. Moeller	3 min.
OLD BUSINESS		
Annual Med Staff Event -- Sunday October 3, 2021-- Family Picnic @Shadelands – COVID allowing	Dr.Moeller Shadelands: Picnic is free. Pumpkin Patch will be open with games for kids- extra charge-	1 min.
Consent Agenda		
Medication Safety Committee-Dr. Atai	See report.	5 min.
PCP&E-Dr. Forman Nursing Policies-Helena Martey 202 Nursing Policy: 202 300 5D Nursing Policy: 300 301 4B Nursing Policy: 301 402 5D Nursing Policy: 402 402 A 5D Nursing Policy: 402 A 1100 Nursing Policy: 1100 901 Telemetry Unit Nursing Policy: 901 1421 Nursing Policy: 1421 302 Nursing Psych Policy: 302 513 Nursing Psych Policy: 513 702 Nursing Psych Policy: 702 705 Nursing Psych Policy: 705 2.22 Labor & Delivery Policy: 2.22 3.2 Nursery Nursing Policy: 3.20 701 Admission Criteria for Inpatient Psychiatry Nursing Policies-Helena Martey 372 Pressing Charges against Patients Who Assault Others 309 Psych Policy: 309 600 Psych Policy: 600 603 Psych Policy: 603 A Psych Policy 600, 603 & 615 Attachment A 3 . 3 0 Nursing Perinatal Policy: 3.30 3 . 38 Nursing Perinatal Policy: 3.38 3.46 Nursing Perinatal Policy: 3.46	See report. See report. Please ask if you wish to see a specific policy and it will be sent to you.	5 min.



MEDICAL EXECUTIVE COMMITTEE AGENDA

CHAIR-KRISTIN MOELLER, M.D.

September 20, 2021

12 to 2:00p

Agenda Topic	Status	Time
3.68 Nursing Perinatal Policy: 3.68 Hospital Wide Policies 616 Patient Grievance/Complaint Process		
COMMITTEE REPORTS		
Credentials Committee- Dr. Moeller List of Candidates Core privileges under review: NP; DHM	See report.	5 min.
Patient Safety and Performance Improvement Committee - Dr. Sutherland		5 min.
APC - Dr. Mbanugo 3016 Visit/Appointment Verifications	See report.	5 min.
DEPARTMENT & DIVISION REPORTS		
Anesthesia-Dr. Keyashian	See report	5 min.
DFAM-Far East Division-Dr. Lee	See report	5 min.
• Surgery-Dr. Dosanjh	Pending	5 min.
ADJOURN TO CLOSED SESSION-VOTING MEMBERS ONLY		
		3 min.
Adjournment. Next Meeting Date: October 19, 2021		



MEDICAL EXECUTIVE COMMITTEE AGENDA

CHAIR-KRISTIN MOELLER, M.D.

October 18, 2021

12 to 2:00p

VIA ZOOM

As the elected leadership of the CCRMC/HCs Medical Staff, we stand against racism and hate. We recognize the negative impact of longstanding structural racism on health, and we commit to take action to combat this in our own system and work for health equity for our patients.

Join Zoom Meeting

<https://cchealth.zoom.us/j/8544948118>

Meeting ID: 854 494 8118

****If you are on phone only for the Zoom, use *6 to mute/unmute**

Agenda Topic	Status	Time
Call to Order		
Review of September 20, 2021 Minutes	See attached Draft Minutes.	2 min.
Announcements (3 min)		
<ul style="list-style-type: none"> • November 15, 2021 MEC meeting reports to Sue by November 5, 2021 <ul style="list-style-type: none"> ○ Homeless and School Based-Dr. Tzvieli ○ Med Staff Assistance Committee ○ DFAM-Martinez Division-Dr. Katzman-Postpone to December ○ DFAM-Concord-Dr. Goheen ○ Residency-Dr. Johnson <p>Please use the standard SBAR form for your reports -You will be given 5 minutes in which to present your report. Please number the pages of your report.</p> <p><u>November notes: Financial Update (Picnic, etc); PQI from CCHP [Moeller]</u></p> <p>Next meeting November 15, 2021</p>		
ADMINISTRATIVE REPORTS		
Anna Roth, Health Services Director Chris Farnitano, M.D.-Health Officer Pat Godley, CFO for Health Services Jaspreet Benepal, RN, Chief Nursing Officer Samir Shah, M.D., Chief Executive Officer/Chief Medical Officer Vacant - Chief Quality Officer David Runt - Chief Operations Officer Gilbert Salinas, Chief Equity Officer, HS	Rajiv Pramanik, M.D.- CMIO Gabriela Sullivan, M.D.- Specialty/Ambulatory Medical Director Ori Tzvieli, M.D., Public Health Director Sharron Mackey, MHS, Chief Executive Officer CCHP Dennis Hsieh, M.D., Medical Director/Chief Medical Officer CCHP Sergio Urcuyo, M.D.- Hospital Medical Director Sonia Sutherland, M.D.-Medical Director, Detention Health	
NEW BUSINESS		



MEDICAL EXECUTIVE COMMITTEE AGENDA

CHAIR-KRISTIN MOELLER, M.D.

October 18, 2021

12 to 2:00p

Agenda Topic	Status	Time
JCC Nominations - Must be 2 MEC members-email to Sue/Dr Moeller; vote at December MEC meeting	Dr. Forman	3 min.
Credentials Chair Recommendation-Dr. Mbanugo-Vote of Approval Needed	Dr. Forman	3 min.
OLD BUSINESS		
Annual Med Staff Event – Very successful, may consider again for next year. Donations to STAND & Hope Solutions (\$257.75 each) from caterer- <i>Loveable Feast</i>	Dr.Moeller (Sue) -	1 min.
Consent Agenda		
Medication Safety Committee-Dr. Ataii	See report.	5 min.
PCP&E-Dr. Forman Hospital Wide Policies 616 Patient Grievance/Complaint Process Nursing Policies-Helena Martey 372 Pressing Charges against Patients Who Assault Others 309 Psych Policy: 309 600 Psych Policy: 600 603 Psych Policy: 603 A Psych Policy 600, 603 & 615 Attachment A 3 . 3 0 Nursing Perinatal Policy: 3.30 3 . 38 Nursing Perinatal Policy: 3.38 3.46 Nursing Perinatal Policy: 3.46 3.68 Nursing Perinatal Policy: 3.68	See report. Please ask if you wish to see a specific policy and it will be sent to you.	5 min.
COMMITTEE REPORTS		
Credentials Committee- Dr. Mbanugo List of Candidates	See report.	5 min.
Patient Safety and Performance Improvement Committee	Dr Beach - verbal	5 min.
APC - Dr. Mbanugo		5 min.
Ethics Committee- Dr. Ashley Porteous	See report	5 min.
AAC Report- Bylaws Update	Dr Robello/Tyrrel	3 min.
DEPARTMENT & DIVISION REPORTS		



MEDICAL EXECUTIVE COMMITTEE AGENDA

CHAIR-KRISTIN MOELLER, M.D.

October 18, 2021

12 to 2:00p

Agenda Topic	Status	Time
Contra Costa Health Plan-Sharron Mackey	Pending	5 min.
Residency-Dr. Johnson - Defer to November	Pend to November	5 min.
		5 min.
ADJOURN TO CLOSED SESSION-VOTING MEMBERS ONLY		
		3 min.
Adjournment. Next Meeting Date: November 15, 2021		

November notes: Financial Update (Picnic, etc); PQI from CCHP [Moeller]



MEDICAL EXECUTIVE COMMITTEE AGENDA

CHAIR - KRISTIN MOELLER, M.D.

November 15, 2021

12 to 2:00p

VIA ZOOM

As the elected leadership of the CCRMC/HCs Medical Staff, we stand against racism and hate. We recognize the negative impact of longstanding structural racism on health, and we commit to take action to combat this in our own system and work for health equity for our patients.

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Meeting ID: 854 494 8118

****If you are on phone only for the Zoom, use *6 to mute/unmute**

Agenda Topic	Status	Time
Call to Order		
Review of October 18, 2021 Minutes	See attached Draft Minutes.	2 min.
Announcements (3 min)		
<ul style="list-style-type: none"> • Gratitude Edition - We will take a few minutes at the meeting to acknowledge everyone's hard work this year at CCRMC/HCs. • December 20, 2021 MEC meeting reports to Sue by December 10, 2021 <ul style="list-style-type: none"> ○ Pediatrics Department-Dr. Jolton ○ Pathology-Dr. Das ○ Dental Department-Dr. Garcia ○ DFAM Concord-Dr. Katzman <p>Please use the standard SBAR form for your reports -You will be given 5 minutes in which to present your report. Please number the pages of your report. PLEASE DATE YOUR REPORT AND NUMBER THE PAGES. Next meeting December 20, 2021</p>		
ADMINISTRATIVE REPORTS		
Anna Roth, Health Services Director Chris Farnitano, M.D.-Health Officer Pat Godley, CFO for Health Services Jaspreet Benepal, RN, Chief Nursing Officer Samir Shah, M.D., Chief Executive Officer/Chief Medical Officer Vacant - Chief Quality Officer David Runt - Chief Operations Officer Gilbert Salinas, Chief Equity Officer, HS	Rajiv Pramanik, M.D.- CMIO Gabriela Sullivan, M.D.- Specialty/Ambulatory Medical Director Ori Tzvieli, M.D., Public Health Director Sharron Mackey, MHS, Chief Executive Officer CCHP Dennis Hsieh, M.D., Medical Director/Chief Medical Officer CCHP Sergio Urcuyo, M.D.- Hospital Medical Director Sonia Sutherland, M.D.-Medical Director, Detention Health	
NEW BUSINESS		



MEDICAL EXECUTIVE COMMITTEE AGENDA

CHAIR - KRISTIN MOELLER, M.D.

November 15, 2021

12 to 2:00p

Agenda Topic	Status	Time
JCC Nominations - Must be 2 MEC members- email to Sue/Dr Moeller; vote at December MEC meeting	Dr. Moeller	3 min.
OLD BUSINESS		
Consent Agenda		
Medication Safety Committee-Dr. Atai	Pending	5 min.
PCP&E-Dr. Forman Pharmacy 3805 Anticoagulation Program In Ambulatory Care Infection Control-Kathy Ferris IC302 Transmission-Based Isolation Precautions IC406 Employee TB Screening and Surveillance IC410 Guidelines for the use of the N95 Respirator IC417 Pre-Employment Physical Examinations Employee Health Records Aerosol Transmissible Disease Exposure Control Plan Contra Costa Regional Medical Center 2021-2022 Hospital Wide Policies 535 Psych Policy: 535 Patient Assaults 706 Psych Policy: 706 Multi-Disciplinary Care Plan 707 Psych Policy: 707 Scope of Services Nursing Policies-Helena Martey 3.118 Nursery Pain Management 3.118 A Neonatal Infant Pain Scale (NIPS) 2.42 Continuous Intravenous Insulin Administration	See report. Please ask if you wish to see a specific policy and it will be sent to you.	5 min.
COMMITTEE REPORTS		
Credentials Committee- Dr. Mbanugo List of Candidates - Vote needed	See report	3 min.
Patient Safety and Performance Improvement Committee	Defer to December meeting	3 min.



MEDICAL EXECUTIVE COMMITTEE AGENDA

CHAIR - KRISTIN MOELLER, M.D.

November 15, 2021

12 to 2:00p

Agenda Topic	Status	Time
APC - Dr. Mbanugo <ul style="list-style-type: none"> • 3805 Anticoagulation Program • AC-4016-Oxygen Gauges & Cylinders • AC-4028 Patella Tendon Bearing Cast • AC4093-Per Cutaneous Endoscopic Gastrostomy Tube Placement 	See report	3 min.
AAC Report- Bylaws Update - vote needed on proposed draft bylaws	Drs. Robello/Tyrrel-See Report	3 min.
DEPARTMENT & DIVISION REPORTS		
PH Healthcare for the Homeless and School Based Clinics -Dr. Tzvieli-Heather Cedermaz, FNP	See report	5 min.
School Based Clinics-Dr. Merkuria	See report	5 min.
Family Residency-Dr. Johnson	See report	
DFAM Concord-Dr. Goheen	See report	5 min.
Med Staff Assistance Committee-Dr. Wadle	Defer to December	5 min.
Contra Costa Health Plan-Sharron Mackey	Defer to December	5 min.
DFAM Martinez-Dr. Katzman	Defer to December	5 min.
ADJOURN TO CLOSED SESSION-VOTING MEMBERS ONLY		
Adjournment. Next Meeting Date: December 20, 2021		

Committee Name: Medical Executive Committee

Meeting Date: November 15, 2021

Issue Name: Family Medicine Residency Update	Presenter(s): Brian Johnson, MD <i>Program Director</i>
Situation: <i>Why is this on the agenda?</i>	Routine Report
Background: <i>History of the issue.</i> <i>Significant trends, studies, analysis of the data or situation.</i>	<p>The family medicine residency has a 45-year history within the system, training physicians who have become clinicians and leaders within our system. A legacy program, we have a strong reputation within the region and the nation as a full-spectrum FM residency with a focus on care for the underserved.</p> <p>Major Challenges</p> <ul style="list-style-type: none">• Adjusting to fluctuating COVID clinical demands• Burnout, fatigue and social isolation particularly affecting interns• Anticipating evolving role of the Family Physician in the local and national context• Examining residency footprint in regards to breadth and depth, increasing need for systematization/standardization while maintaining connection to our system and broader community• Addressing Diversity, Equity, Inclusion and Anti-Oppression within the residency• Program Director on 6 month medical leave• Managing education in the setting of the pandemic<ul style="list-style-type: none">○ Changes in curriculum○ On-line learning○ All virtual selection season○ Limited opportunities to be in community○ Illness of frontline workers○ Fatigue, fear, uncertainty <p>Major Changes</p> <ul style="list-style-type: none">• Virtual education• Disruption of electives• Expansion of Lifelong Residents on Hospital Medicine <p>Major Accomplishments</p> <ul style="list-style-type: none">• Song-Brown Award of \$375k• Cal Med Force \$150k award• Establishment of Residency Leadership Board• Diversity, Equity, Inclusion & Anti-racism- Active participant in system-wide efforts<ul style="list-style-type: none">○ Internal expertise (residents and faculty)○ RADical (Reading Anti-Racism & Dialogue) Series○ Allyship group○ DEIA CCRHF \$80k Grant (Echiverri)○ Working w DEIA consultant, Dr. Sharon Washington

	<p>Next Steps</p> <ul style="list-style-type: none"> • Ongoing response to COVID • Continuing evaluation of DEIA work <ul style="list-style-type: none"> ○ Continue this area as a key residency initiative ○ Aligning with and supporting system initiatives • Shape a vision with administration, CF and residents for the next 5 years • Continuing to recruit/retain our own residents- over the last 10 years, almost ½ of our graduates have chosen to take jobs within our own system. 	
<p>Assessment: <i>Therefore, what? What is the presenter's overall judgment.</i></p>	<p>The residency remains highly competitive and recruits exceptional medical students from across the country who continue to wish to stay and work within our system. Given the current pressures, in order to maintain our national standing we have a single question we will need to answer in the next 2-3 years: How do we maintain our full spectrum niche and evolve to meet 21st century needs?</p> <p>Initial efforts to address this question were slowed by a rapid shift to COVID-related work and restructuring. COVID and the need to expand DEIA learning and initiatives continue to shape the educational landscape. Initial visioning has begun and will continue to expand over the next year.</p>	
<p>Recommendations:</p>		
<p>Who</p>	<p>What</p>	<p>When</p>
<p>MEC</p>		

Contra Costa Family Medicine Residency DRAFT 5 year Plan

1

Mission

*We train diverse, full spectrum
physician leaders who champion health
equity in under-resourced communities.*

2

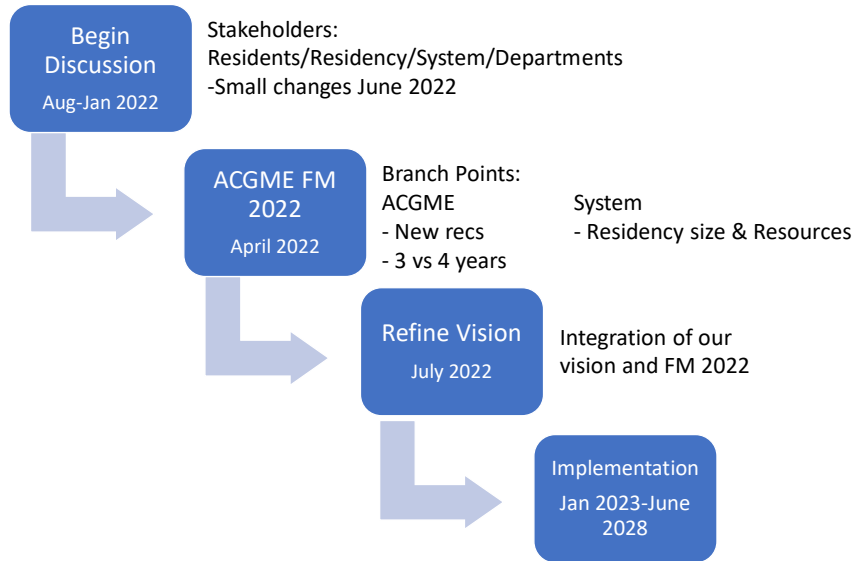


3

Strengths	Opportunities
<ul style="list-style-type: none"> Community Dedicated teachers & residents System support Residency integration History Acute care Single residency Registrar Model (Deep clinical experience) High responsibility 50% of graduates stay Community (Internally & Externally) Mission driven culture Integrated system (health plan/public health/delivery) FM Leadership modeling Flexibility Sig resources for county system 	<ul style="list-style-type: none"> Curricular control remains with us Improvement in ambulatory education Competency-based advancement POCUS Community engagement Systems work (local and public health) Expanded leadership opportunities Improved well-being and resilience Individualization of resident experience (improving support/encouraging self-driven advancement) Improved dialogue regarding race and inclusion Mission clarification ACGME Regulations

4

Timeline & Key Branch Points



5

The Future of CCFMR Training



6

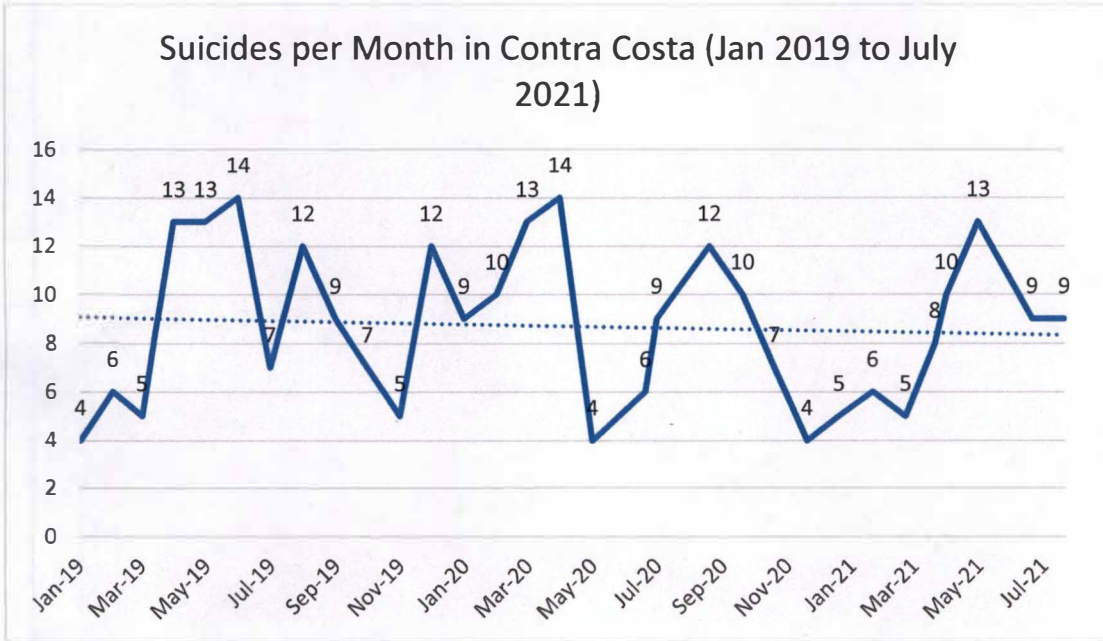
Competency-Based Education

- Learning plan for each resident
- Learning experts
 - Core Faculty
 - Chiefs
 - Dept reps (learning ambassadors)
- Departmental standards for competency
 - Med/OB/ED/Peds/Ambulatory
- Shift toward in-the-moment evals w consensus summative evals

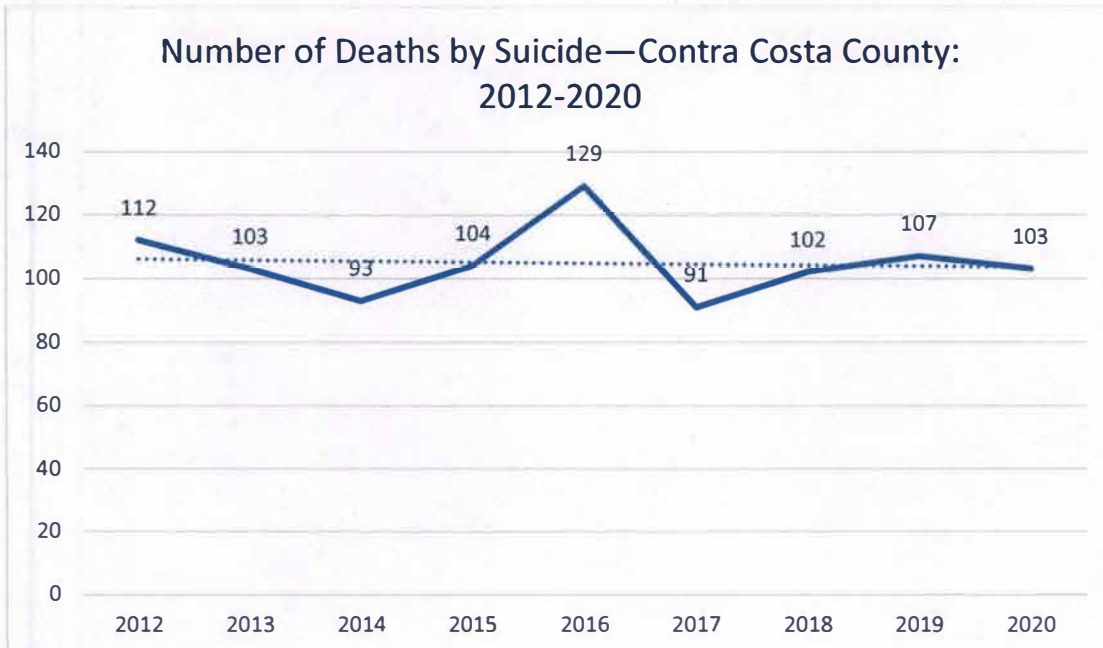
Suicide Trends in Contra Costa County

Suicide Trends

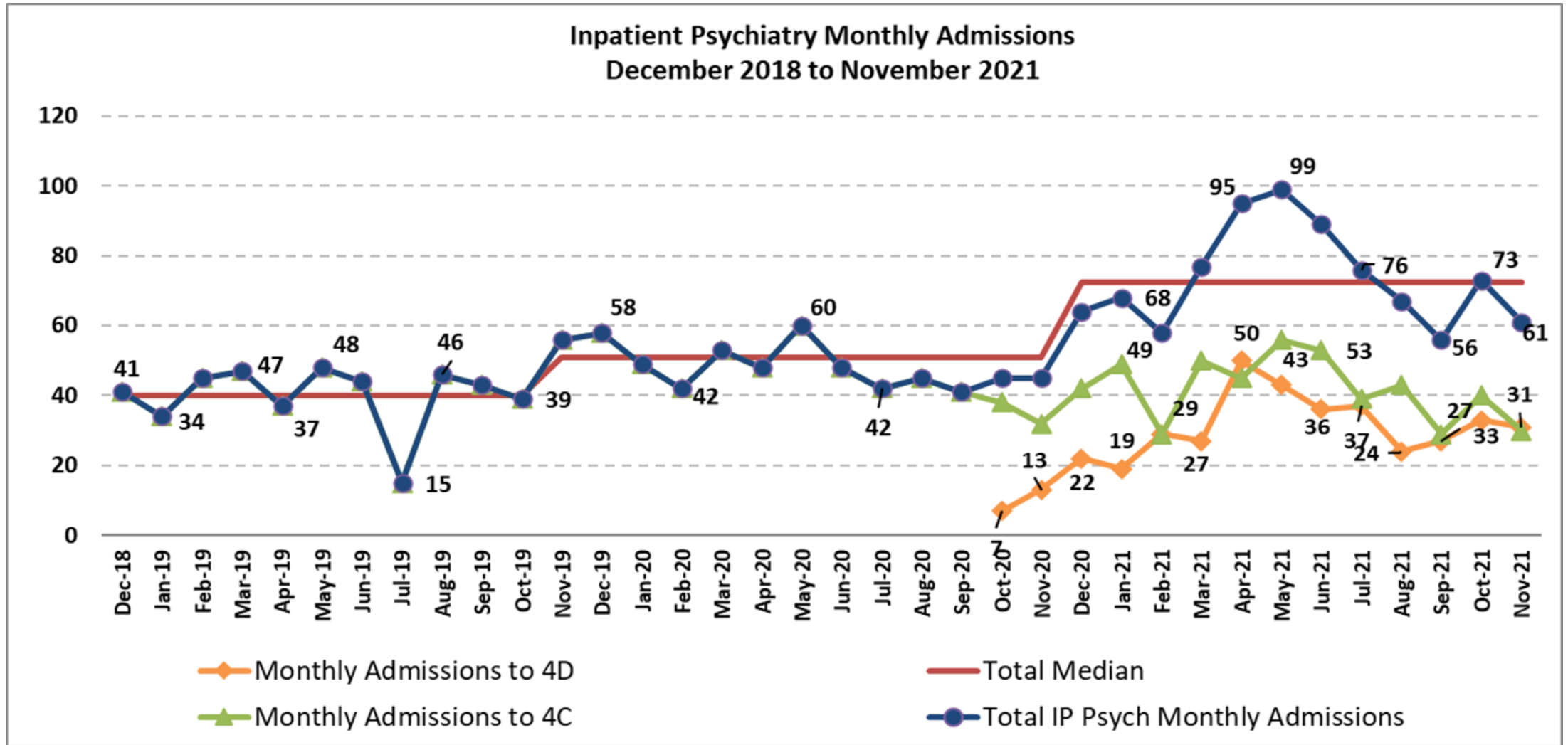
Generally, suicide trends have been relatively flat in Contra Costa County since January 2019.



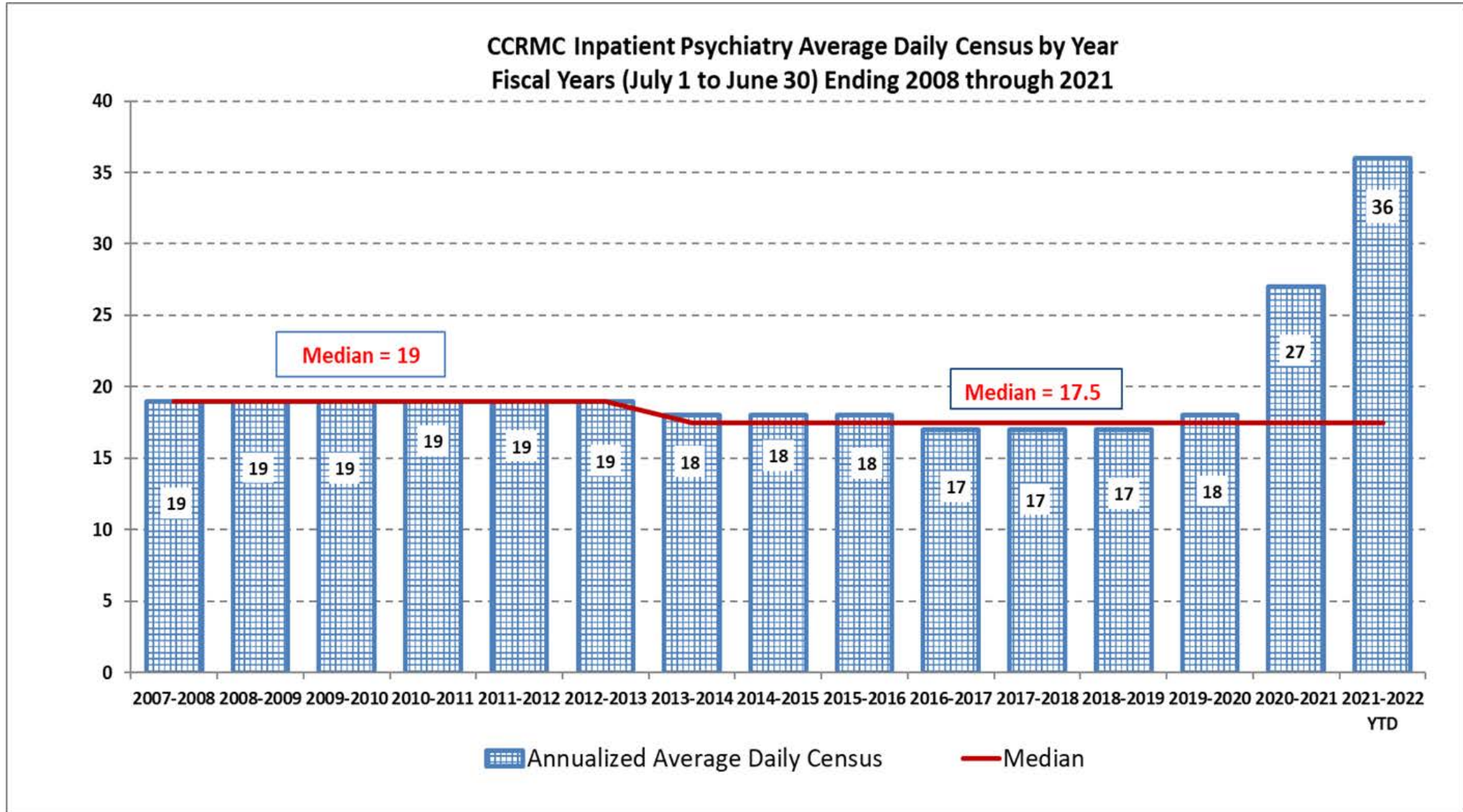
On a longer-term basis, the number of suicides in the county has also been relatively even since 2012.



Inpatient Psychiatric Admissions



Inpatient Psychiatric Average Daily Census



Psychiatric Emergency Average Daily Census

