Contra Costa
Regional Medical Center
& Health Centers
A Division of Contra Costa Health Services

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: September 26, 2022

Subject: Meeting Notice
Joint Conference Committee

Based on the Contra Costa County Health Officer's recommendations dated September 1, 2022, this meeting will not be held in person. You may 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

September 26, 2022, from 1:00 – 2:00 pm

AGENDA ITEM	RECOMMENDATION
I. **CALL TO ORDER and INTRODUCTIONS** Meeting Chair- Supervisor John Gioia, District I	Inform
II. **APPROVAL OF MINUTES** – June 27, 2022 Supervisor Gioia	Inform/Action
III. **PUBLIC COMMENT** Supervisor Gioia *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.*	Inform
IV. **ADMINISTRATIVE UPDATE** Samir B. Shah, MD, Chief Executive Officer/Chief Medical Officer	
A. Hospital Update Sergio Urcuyo, M.D., Hospital Medical Director	Inform
B. Ambulatory Care Update Gabriela Sullivan, M.D., Ambulatory Medical Director	Inform
C. Wellness Team Update Brian Johnson, M.D., Residency Program Director	Inform

AGENDA ITEM	RECOMMENDATION
V. **MEDICAL STAFF UPDATE** Kristin Moeller, M.D., Medical Staff President A. Patient Care Policies for CCRMC/HCs	 Inform/Consent
VI. **SAFETY AND QUALITY UPDATES** Courtney Beach, M.D., Associate Medical Director, Quality and Safety A. Hospital Surveys Update Roberto Vargas, Director, Safety and Performance Improvement B. Annual Non-MD Contracts Quality Assurance Report Karin Stryker, Director, Safety and Performance Improvement	 Inform Inform/Consent
VII. **ADJOURN**	Inform
VIII. **NEXT MEETING**: Monday, November 7, 2022	

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 workday prior to the published meeting time. For information contact Karin Stryker – karin.stryker@cchealth.org, 925-234-1909.

Zoom Webinar

Meeting Instructions

Please click the link below to join the webinar:

https://cccounty-us.zoom.us/j/82128911345?pwd=blFvc2hQbVkrRW1PTytwV0dtVlpWQT09

Passcode: 076626

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: 821 2891 1345

Passcode: 076626

SIP: 82128911345@zoomcrc.com

Passcode: 076626

Contra Costa
Regional Medical Center
& Health Centers
A Division of Contra Costa Health Services

JOINT CONFERENCE COMMITTEE

MINUTES

June 27, 2022, from 1:00 – 2:00 pm

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

VOTING MEMBERS PRESENT: Supervisor John Gioia, District I; Supervisor Diane Burgis, District 3; Katherine Goheen, MD; Ashley Porteous, MD; NON-VOTING MEMBERS PRESENT: Samir Shah MD, Chief Executive Officer/Chief Medical Officer; NON-VOTING MEMBERS ABSENT: Kristin Moeller MD, Medical Staff President; Anna Roth, R.N., Health Services Director; Patrick Godley, CFO/COO, Health Services; GUESTS PRESENT: Jaspreet Benepal RN, Chief Nursing Officer; Sergio Urcuyo MD, Hospital Medical Director; Dr. Courtney Beach, Chair, Hospital Medicine; Karin Stryker, Director of Safety and Performance Improvement; Mary Campbell, Director of Safety and Performance Improvement; Roberto Vargas, Director of Safety and Performance Improvement; Nancy Hendra, Director of Infection Prevention and Control Program; Gabriela Sullivan MD, Ambulatory and Specialty Medical Director; Erika Jenssen, Assistant to the Health Services Director; Kimberly McCarl, Communications Officer; Leah Carlon, Health Care Risk Manager; David Twa, Contractor; Jill Ray, Field Representative, Supervisor, Candace Anderson

AGENDA ITEM	RECOMMENDATION
I. **CALL TO ORDER AND INTRODUCTIONS** Meeting Chair – Supervisor John Gioia, District I	***Inform***
II. **APPROVAL OF MINUTES – May 2, 2022** Supervisor Gioia ***In open session, voting members of Contra Costa Regional Medical Center Joint Conference Committee voted to accept the May 2, 2022, Joint Conference Committee minutes***	***Motion:*** ***By Goheen*** ***Seconded by Burgis*** ***Ayes:*** ***Porteous, Gioia*** ***Absent: None*** ***Abstain: None***
III. **PUBLIC COMMENT** Supervisor Gioia ***Anonymous caller expressed concern about monkey pox. Caller asked whether County had taken any measures to prevent the spread of this disease and asked that County health officers and supervisors to come up with a plan.*** ***Caller also expresses concerns about the cleanliness of the HOA pools and pool furniture.***	***Inform***
IV. **ADMINISTRATIVE UPDATE** Samir B. Shah, MD, Chief Executive Officer/Chief Medical Officer ***Dr. Shah provided a Labor update: The nurse's union MOU has been finalized and runs through July 2025. Other labor MOU are being negotiated currently via a coalition and the physician MOU contract expires later this year that will require negotiation and attention.***	***Inform***

A. Covid Update
Sergio Urcuyo, M.D, Hospital Medical Director

Dr. Urcuyo stated our most recent surge did not result in many hospitalizations. There were fewer very acute and critically ill COVID patients during this wave of COVID infections. Illness rates for the county and the state have increased, but many of the patients were in the hospital with COVID and not hospitalized because of their COVID infection.

During the Omicron surge in January/February there was a regional testing shortage, although CCHS did not experience this shortage. CCRMC was able to meet the supply to provide test kits to the community.

He also stated that many employees also fell ill in the past 6-8 weeks although services have been mostly unaffected. CCRMC has been experiencing supply chain issues related to COVID, particularly from China. We have been able to manage most of these issues by identifying alternate vendors and have been able to meet all needs.

We have experienced an increase in the census in the ER and in the hospital due in part to working closely with other hospitals in the region to bring back patients with CC Health Plan insurance into their home system of care.

Dr. Urcuyo also shared feedback from a return obstetrics consultant who aided our efforts in 2017. They stated we have done very well in the terms of growth and improvement. Her comments align with our safety scoring metrics that we report nationally and for which we have received awards. We have also recently locked the unit, requiring badge access for all.

Responding to the caller's monkey pox question, Dr. Urcuyo stated that we will follow all the Public Health Officers suggestions and guidance. He also pointed out the monkey pox is a self-limited disease as it is contracted through skin-to-skin contact that improves on its own, and generally does not require intervention. We have no reported monkey pox cases in our county to date. Vaccines are available through the Public Health Department if needed. He reminded the caller that this meeting is not a Contra Costa Health Department meeting but is only for CCRMC and the Health Centers. CCRMC is not responsible for any of the policy or guidance that comes from the Public Health Department. That said, education is being shared, the alert is being raised and protocols are in place in case it happens.

Per Erica Jenssen, we issued a Health Provider Alert with information about monkey pox to all health care providers and how to get people tested. A press release was also done to make people aware of the symptoms.

Dr. Gabriela Sullivan provided an ambulatory care update. She stated that we have been struggling with staffing in primary and specialty care. Specialty care visits alone have increased by 5000 visits as compared to 2019, pre-Covid. Despite challenges with provider staffing, we have maintained the same level of access though we are not back to pre-pandemic levels. We are actively working on hiring and improving.

She also noted two upcoming initiatives:

- ***Increasing the number of 100% dedicated telehealth visits through summer and beyond, many taking place during evenings and weekends.***

- ***Becoming an age-friendly institution. This will include reviewing medications carefully, cognitive (mentation) and mobility assessments, and asking what matters to the patient (4Ms). It is expected that the elderly population will double in our county by 2050.***

Behavioral Health Update: Eleven behaviorists are each integrated into all our clinics. Current access for an appointment is 2-7 days.

Finally, Dr. Sullivan stated we are encouraging patients to use the home antigen test rather than going in for PCR. We have given out hundreds of free tests to the community and will continue to make these tests available to the community.

Public Comment: Caller asked that because monkey pox is a contact infectious disease, will be see an increase in patients in our medical centers because recovery is long? The outbreaks can last 2-3 weeks. Will you have enough staff to take care of these patients with COVID and the new disease? Caller commented that it is wise to keep monkey pox as low was possible, because of the duration of the disease and do not allow monkey pox to spread. She also would like to hear the policies on making sure hotels, HOA pools, and contact prone public facilities are required to do certain procedures.

Per Supervisor Gioia, the Public Health Department has taken actions and issued notices to health providers. They have been proactive on this issue. Dr. Shah does not expect this to impact our ability to care for patients with any kind of medical condition. We are prepared for all the possibilities, following all local, state, and federal guidance on these situations.

B. Measure X

Dr. Shah stated that the CAO's office and Public Works has selected a construction management firm. The firm is currently in the process of contracting with the county to start the master planning process. Public Works has been asked to project manage the project. We are working towards a final master plan contract that will allow for the construction management team to create documents for us to be able to bid out the projects.

Projects include the psychiatric emergency expansion, interventional radiology suite, medical office building, parking structure, and the public health lab on the CCRMC campus.

It is estimated that master planning work will take place over the next 5-7 months, before construction work is initiated. Sequencing the work will be determined by the least impact to our patients. Right now, the priority is our Public Health Lab. More information will be available once the construction firm contract has been fully executed and they are able to review plans.

C. Value Stream Mapping/Rapid Improvement Events

Dr. Shah shared that we have had Rapid Improvement Events and Value Stream Mapping events to look at our Materials Management process. The pandemic greatly impacted our supply chain and issues surrounding those processes became more evident. These events will help us to improve our process and to clarify our goals.

CCRMC has already identified several problems, including filling open positions. We hope the results of the negotiations with the labor coalition will allow us

some opportunities to increase access to a greater hiring pool. Priorities are standardizing the work, hiring additional staff, and improvement of the software program. ***Dr. Shah also shared that we are in the window for our triannual survey by Joint Commission and CDPH and we are expecting them any day. Quality and operations teams are working very hard to ready the facility, policies, and practices. This is an ongoing effort.***	
V. **MEDICAL STAFF UPDATE** Sergio Urcuyo, M.D. Chief, Hospital Medicine A. Patient Care Policies for CCRMC/HCs ***All policies have been reviewed and have been approved by JCC.***	***<u>Motion:</u>*** ***By Goheen*** ***Seconded by Porteous*** ***<u>Ayes:</u>*** ***Gioia, Burgis*** ***<u>Absent:</u> None*** ***<u>Abstain</u>: None***
VI. SAFETY AND QUALITY UPDATES Courtney Beach, M.D., Chief, Hospital Medicine A. PSPIC/Quality Update ***Dr. Beach stated that safety event reporting (SERS) has declined since the beginning of the pandemic. An action plan to improve reporting is in place with the goal of increasing the number of reports by 10% from the current 2022 baseline. Regular staff reminders, announcements, and sharing of lessons learned have been employed to increase staff reporting. SERS reports are used to make changes to mitigate larger problems and rely on them for performance improvement.*** ***Other notes:*** • ***COVID Command Center continues to meet goals for all supplies.*** • ***Our patient harm related to medication errors is .0009.*** • ***There are numerous upcoming regulatory visits expected in 2022.*** B. Annual Quality Assurance/Performance Improvement Report (QAPI) ***Mary Campbell, Roberto Vargas, and Karin Stryker shared the following:*** ***This is the QAPI program evaluation for the last 2 quarters of 2021. Improvement was seen in many of the individual metrics and in our overall quality program. Out of 56 individual metrics, 52 reported data. Of that data, 77% met target. There were no serious safety events reported.*** ***For the Quality Incentive Program (QIP) Program Year 4, there is a new set of metrics that began in January 2021. We must report 40 of the 58 measures or lose funding. Twenty of the metrics are priority; 38 are elective. New teams have been established and improvement work has resumed. Lessons learned, challenged and next steps were shared. They include:*** • ***Cross divisional cooperation increases the likelihood of project success.*** • ***Prior quality improvement work has enabled us to pivot quickly during the COVID pandemic to accommodate changes in workflows for telehealth, COVID tent testing, and respiratory clinics.***	***Inform***

• ***Addressing patient population issues for those assigned but not seen in our health system. We need to get in contact with those individuals.*** • ***Address COVID related issue affecting patient care outcomes.*** • ***Continue monitoring data and team improvement activities.*** ***Regarding patient safety, as stated by Dr. Beach, there are improvement plans to increase SERS reporting. The Culture of Safety Survey is performed every 2 years, with the next one taking place the summer of 2022. Included in the packet was the updated Developing Aerosol Transmissible Diseases for Inpatient and Outpatient policy.*** ***Leapfrog is a voluntary survey that we take part in. CCMRC has earned six straight B's for safety grade.*** ***Improvement Opportunities:*** • ***Looking at further reduction of catheter acquired urinary tract infections. Issue is low rate, but a very low denominator.*** • ***Falls/Trauma*** • ***Gaps of communication with medicine and staff*** • ***Patient Safety Indicators composite score*** ***The Regulatory Work Group received and investigated three Cal-OSHA citations received and 1 self-reported hospitalization of a staff member with COVID.*** ***Strengths:*** • ***System continues to engage and improve quality measurement design.*** ***Weaknesses:*** • ***Paper-based rounding system with simple tracking of finding and fixes.*** • ***Staff report to outside regulatory agencies continue to occur*** ***Opportunities:*** • ***Build a rounding system that includes a firm escalation process and follow through*** • ***Health Risk Manager to explore opportunities to engage staff in SERS.*** ***Threats:*** • ***Staff turnover and loss of system knowledge. When staff retire, we sometimes lose pieces of information related to this system of quality and performance improvement work.*** ***The Medication Error Reduction Program is evaluated every March. The infection Prevention Plan is evaluated and reported separately.***	
VII. **Adjourn**	
VIII. **NEXT MEETING:** Monday, September 26, 2022	

Minutes approved by Chair: Supervisor John Gioia, District I

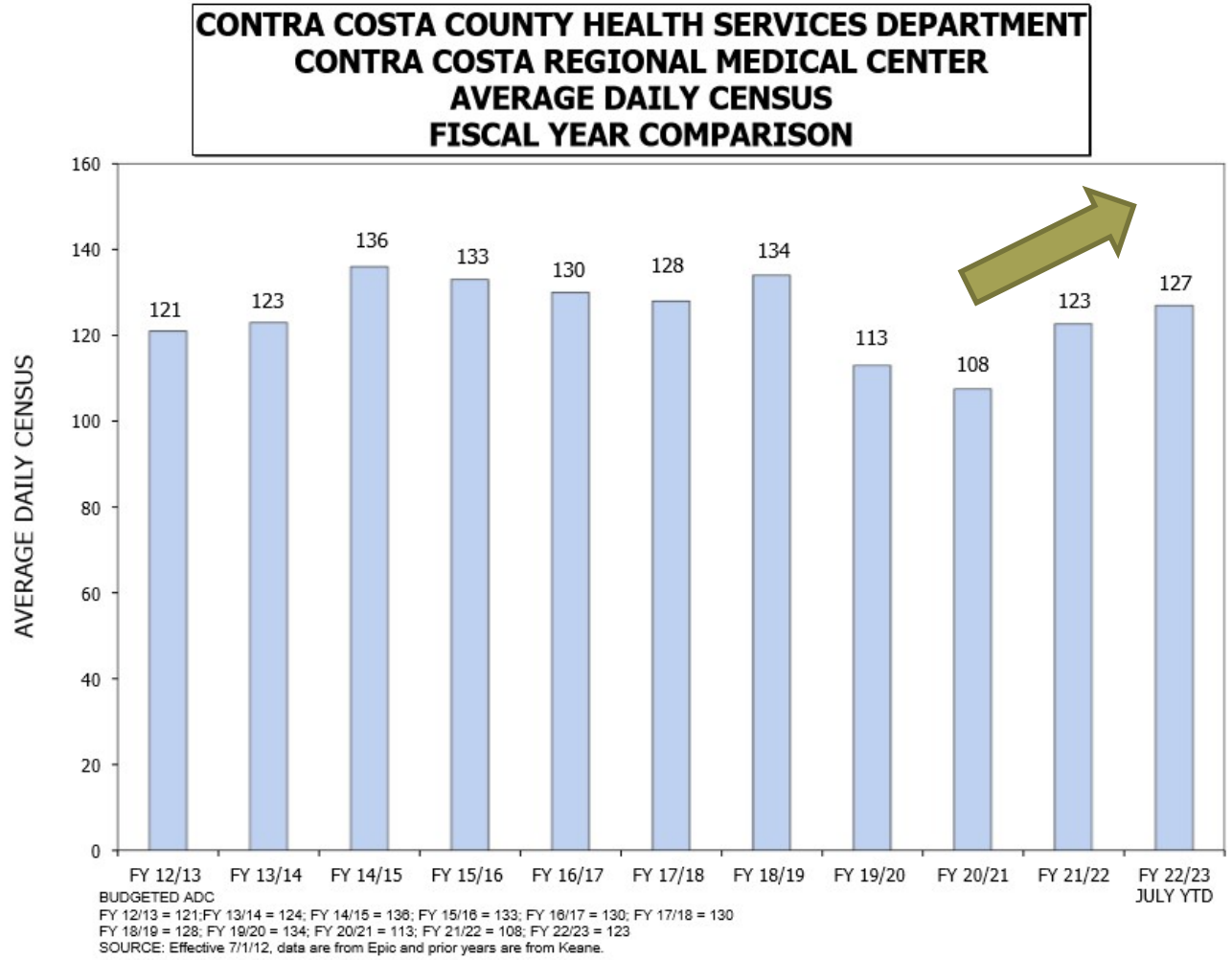
_____ _____

Supervisor John Gioia **Date**

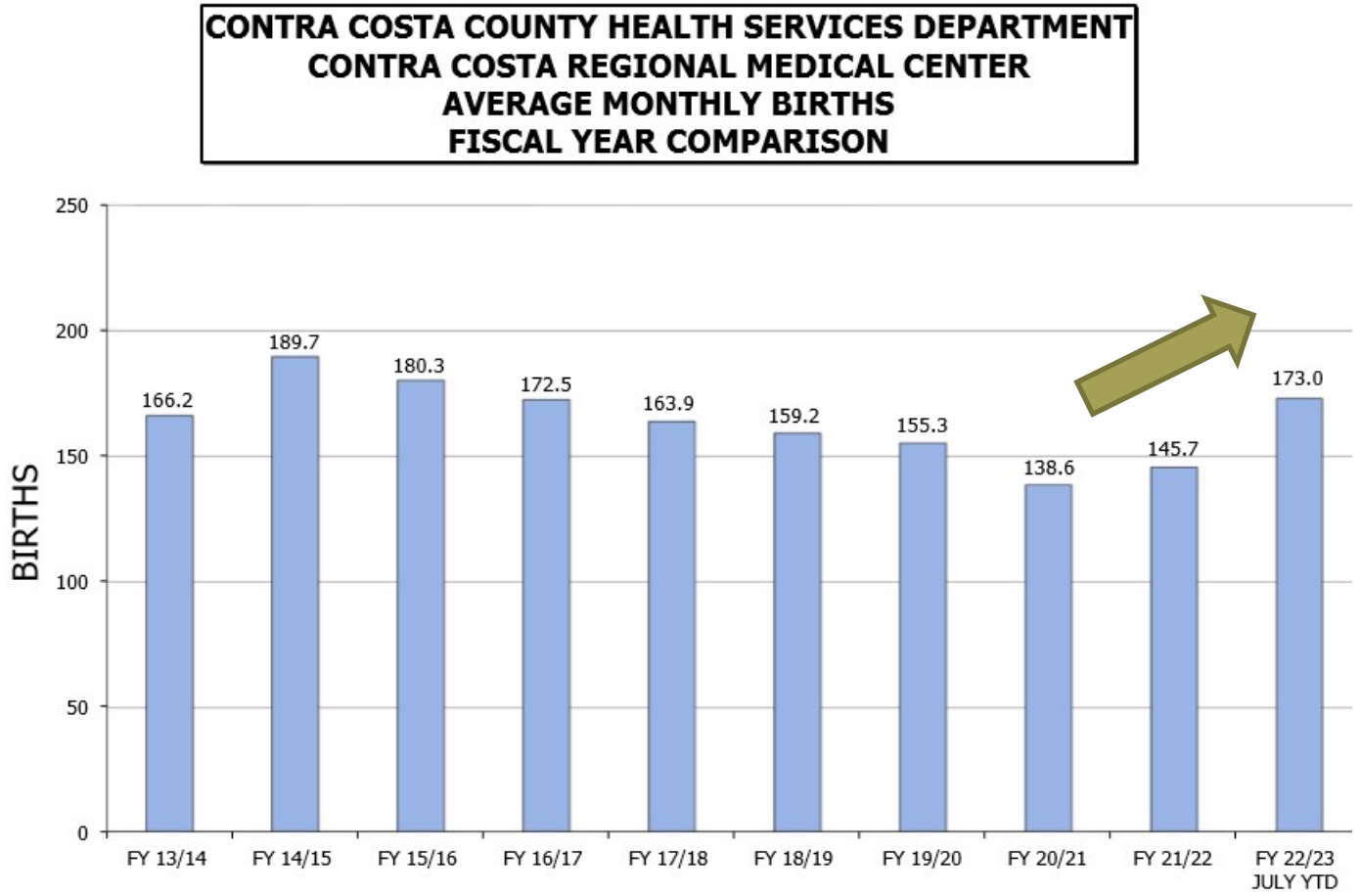
Minutes by Shanazz Ahmad


CCRMC Update
Joint Conference Committee
September 2022
Contra Costa
Regional Medical Center
& Health Centers
A Division of Contra Costa Health Services

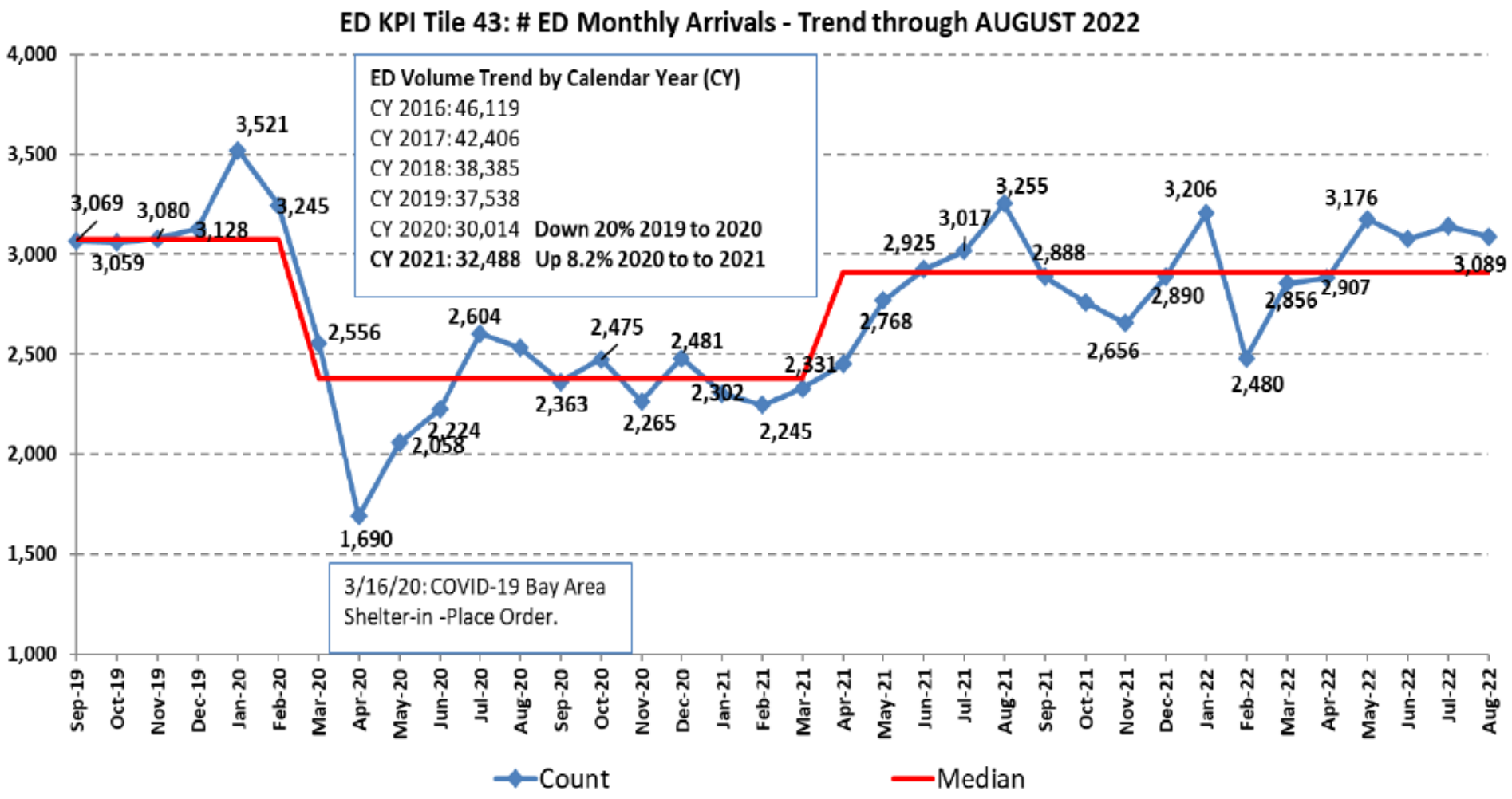
CCRMC Average Daily Census



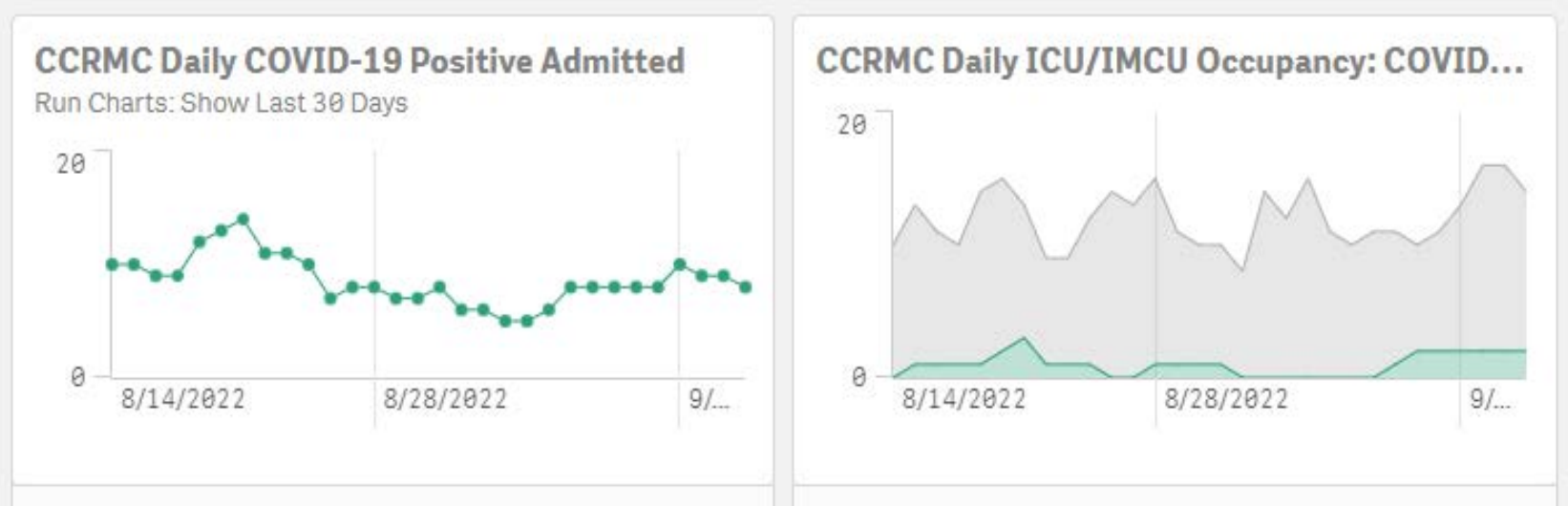
Average Monthly Births

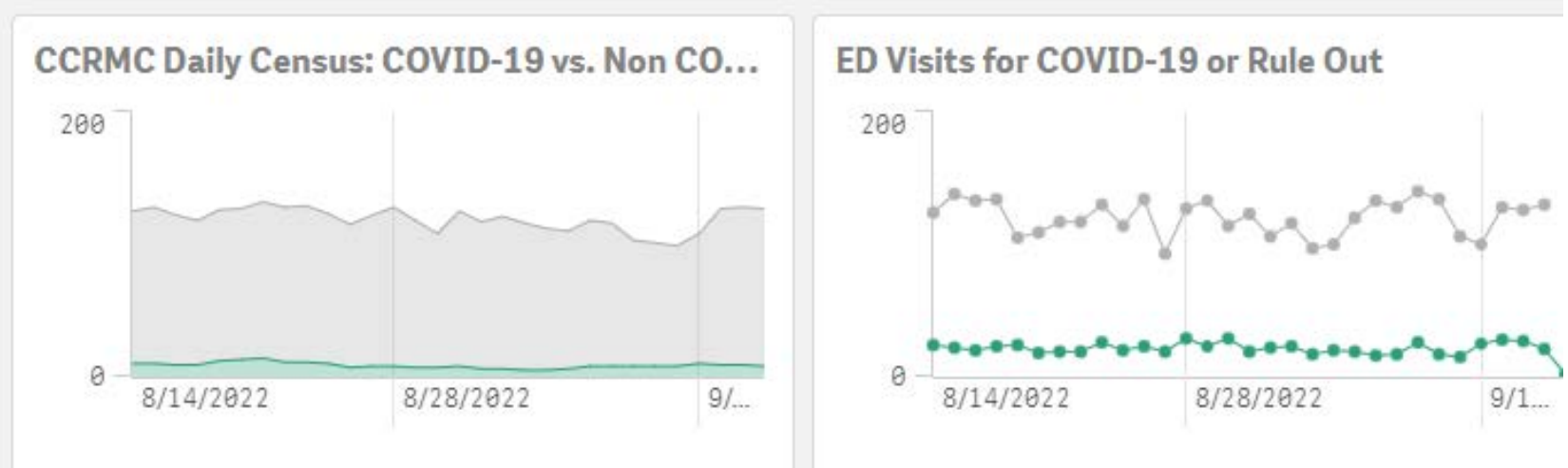


CCRMC Emergency Room Arrivals



COVID


CCRMC Daily COVID-19 Positive Admitted
Run Charts: Show Last 30 Days
20
0
8/14/2022
8/28/2022
9/...
CCRMC Daily ICU/IMCU Occupancy: COVID...
20
0
8/14/2022
8/28/2022
9/...


CCRMC Daily Census: COVID-19 vs. Non CO...
200
0
8/14/2022
8/28/2022
9/...
ED Visits for COVID-19 or Rule Out
200
0
8/14/2022
8/28/2022
9/1...

COVID Status Update

- Admissions stabilized and average daily census =5 last month
- 91.2% staff vaccinated
- 283,527 total doses administered in our clinics and CCRMC
- 152,320 tests completed
- Bivalent booster administration begins Friday Sept 16th for patients, Monday September 19th for staff.


Ambulatory Care Update
September 26, 2022
Contra Costa Regional Medical Center and Clinics
Contra Costa
Regional Medical Center
& Health Centers
A Division of Contra Costa Health Services

Empanelment & Enrollment

	Number	% Change
CCHP Patients Empaneled at CCRMC		
Current	144,988	43.5% over three years
Jul-22	141,732	14.20%
Jul-21	124,139	16%
Jul-20	106,958	5.80%
Jul-19	101,128	
Enrollment in CC Health Plan		
Current	242,837	30% over three years
Jul-22	237,224	10.50%
Jul-21	214,729	15.20%
Jul-20	186,340	< 0.1%
Jul-19	186,228	

Status Update

Successes

- Baypoint Health Center is back to clinical operations
- All other clinics at full capacity with limited Saturday clinics.
- Active recruiting and hiring of ambulatory care providers.

Challenges

- Ongoing staffing shortages throughout all of our health care systems

Ambulatory Clinic Volume

	18/19	19/20	20/21	21/22	Three year % Change
Total Specialty Clinics:	152,031	142,683	145,129	147,807	- 2.8 %
Total Primary Care Clinics:	242,934	230,998	268,138	232,127	- 4.4%

Ambulatory Data 3rd Next Available

(2nd Qtr 2022)

Specialty	Median Wait (Days), Telehealth	Median Wait (Days), In-person
Family Medicine	17	23
Adult Medicine	9	9
Pediatrics	9	24

Innovations and Improvements

- Fully staffed Dermatology department
- Developing Geriatrics program with goal of becoming an "Age-Friendly Health System"
- Added tools to EMR for cognitive decline and mobility impairment
- Expanded women's health clinics
- Expanded opiate alternative prescribing with MAT (buprenorphine)
- Expanded Telehealth clinics including evenings

Innovations and Improvements

- Appointment unit redesign resulting in fewer abandoned calls and shorter wait times
- Increased capabilities of MyChart with Specialty Clinic scheduling
- Improved patient messaging platforms in the works
- Developed an “Outreach Committee” with a patient representative
- Health home team redesign in process to allow for provider-MA/LVN dyads to improve patient experience and access

Equity Updates at CCRMC

- Shift focus from reducing to **eliminating** health care disparities
- CCRMC is part of SNI collaborative "Racial Equity Community of Practice"
- We have plans to form a multidisciplinary "Equity Board" at CCRMC to discuss & prioritize issues pertinent to staff and patients
- We have plans to create a quarterly newsletter with updates on Equity projects
- Business Intelligence did a complex analysis of QIP metrics. This will guide future improvement work.

Family Planning and Reproductive Care post-Roe

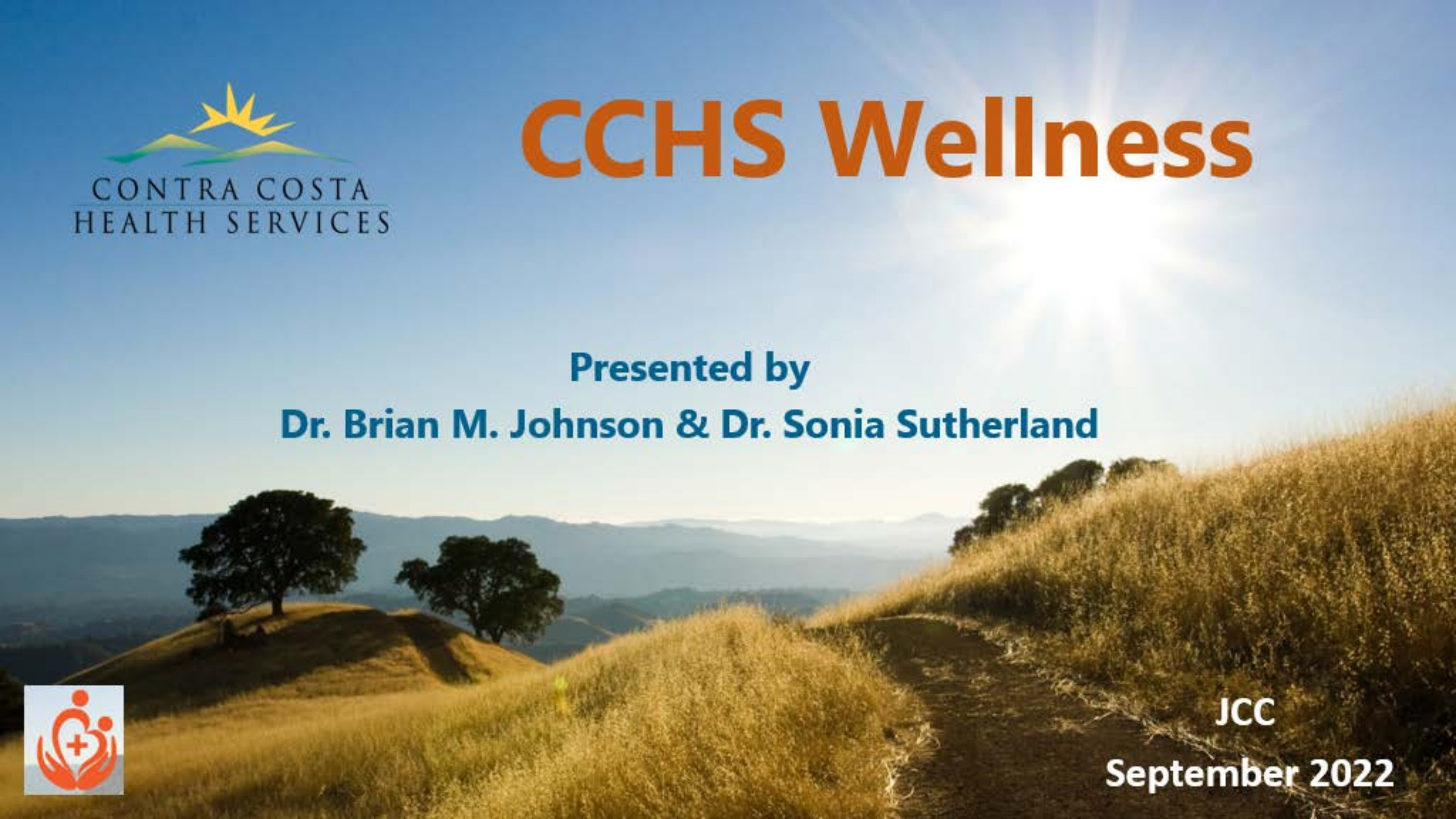
- Expanded women's health clinics in the system
- Medication-assisted terminations are most common. This clinical service is now more available throughout the clinics and county.
- Primary care clinics in addition to women's specialty clinics have access to the medication and have received training and tools for safe provision of the medication.
- Public announcement from CCHS supporting Choice in pregnancy
- Developed data dashboard on this service line to track volumes and out-of-state patients

QIP Highlights

- Comparing our QIP PY4 data (calendar 2021) with our pre-pandemic data (March 2019-Feb 2020)
- First year of pandemic had a devastating impact on all improvement metrics but CCHS implemented multifaceted robust improvement projects resulted in:
  - Achieving pre-Covid level targets for most QI metrics in calendar years 2021
  - Surpassing pre-Covid performance in 7 quality metrics (such as diabetes eye exam, chlamydia screening, comprehensive diabetes care HbA1C control, Kidney Care in diabetic Patients, prenatal and postpartum care concurrent use of opioid and benzo, use of opioid in high doses)

QIP Highlights

- Comparing our Current Year performance with other QIP health entities (all counties and UCs in California) as of 6/30/2022:
  - Only health system performing above 90th percentile in Blood Pressure Control, and Kidney Care in diabetic patients
  - Overperforming in 16 quality metrics compared with 0 to 3 in other health systems
  - Not meeting the end of the year target in only 4 metrics compared with up to 18 metrics in other health system
- We have done a deep dive for each QIP metric to analyze any inequities in care. We are committed to eliminating ALL health care disparities and are engaged in plans to address these findings.

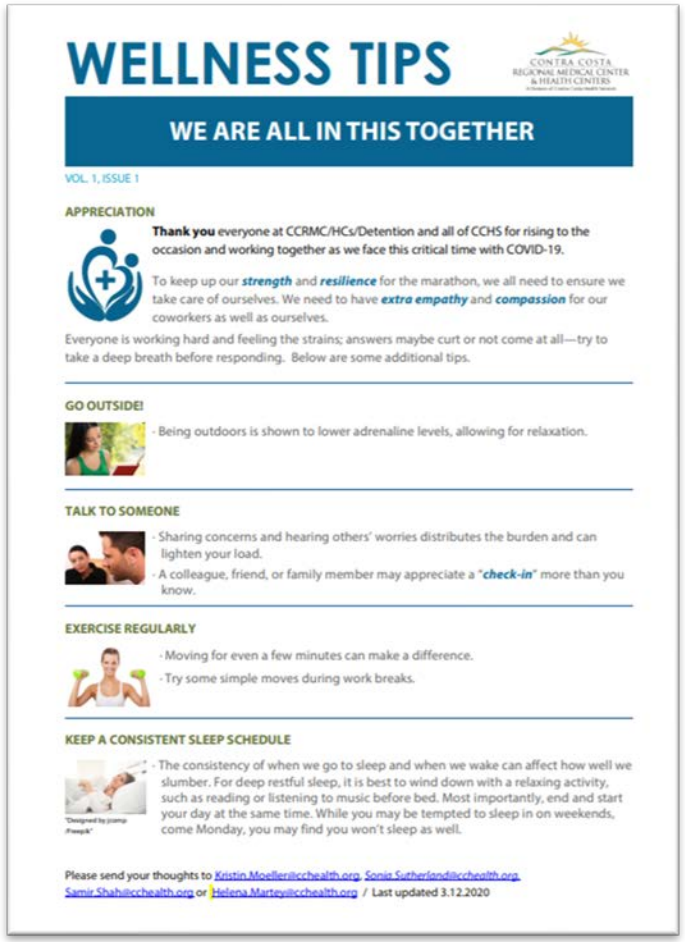

CONTRA COSTA
HEALTH SERVICES
CCHS Wellness
Presented by
Dr. Brian M. Johnson & Dr. Sonia Sutherland
JCC
September 2022

On Wednesday, March 11, the World Health Organization held a media briefing to declare the COVID19 outbreak a global pandemic.

Life as we knew it changed….

On March 16, 2020, 3 days after the California Schools were closed by the Governor's Executive order…

CCHS Wellness Team Launched 1st Issue of Wellness Tips.



WELLNESS TIPS

CONTRA COSTA REGIONAL MEDICAL CENTER & HEALTH CENTERS

WE ARE ALL IN THIS TOGETHER

VOL. 1, ISSUE 1

APPRECIATION

Thank you everyone at CCRMC/HCs/Detention and all of CCHS for rising to the occasion and working together as we face this critical time with COVID-19.

To keep up our ***strength*** and ***resilience*** for the marathon, we all need to ensure we take care of ourselves. We need to have ***extra empathy*** and ***compassion*** for our coworkers as well as ourselves.

Everyone is working hard and feeling the strains; answers maybe curt or not come at all---try to take a deep breath before responding. Below are some additional tips.

GO OUTSIDE!

- Being outdoors is shown to lower adrenaline levels, allowing for relaxation.

TALK TO SOMEONE

- Sharing concerns and hearing others' worries distributes the burden and can lighten your load.
- A colleague, friend, or family member may appreciate a "***check-in***" more than you know.

EXERCISE REGULARLY

- Moving for even a few minutes can make a difference.
- Try some simple moves during work breaks.

KEEP A CONSISTENT SLEEP SCHEDULE

- The consistency of when we go to sleep and when we wake can affect how well we slumber. For deep restful sleep, it is best to wind down with a relaxing activity, such as reading or listening to music before bed. Most importantly, end and start your day at the same time. While you may be tempted to sleep in on weekends, come Monday, you may find you won't sleep as well.

Please send your thoughts to Kristin.Moeller@cchealth.org, Sonja.Sutherland@cchealth.org, Samir.Shah@cchealth.org or Helena.Marfey@cchealth.org / Last updated 3.12.2020

CCHS WELLNESS TEAM

01

CCHS Wellness is a group of CCHS employees interested in supporting the wellbeing of the CCHS community since March 2020.

02

We curate and coordinate resources through email, weblinks, screensavers, reminders, live broadcasts and public facing website to support well-being and resilience within our community.

OUR WELLNESS TEAM MEMBERS

Dr. Samir Shah

Resilience and flexibility are so important in managing my anxiety and stress. One method that brings me joy in clinic is to ask every patient the same opinion-based question for the day. The social dialogue always makes me feel grateful for what I'm privileged to experience.

Dr. Sonia Sutherland

Like so many...I've had to find my way through the Covid Pandemic. But, a bright spot for me was the Covid Wellness Team. Sharing survival tips and working together to help our colleagues find their way was inspiring.

Dr. Kristin Moeller

Physical activity has been my life preserver during Covid. Taking a walk or a stretch, turning in to yoga on Zoom or an evening walk with my family have all made a difference.

Dr. Brian M. Johnson

I feel an important piece of my wellness is the evolution of my ability to recognize when I'm carrying stress and learning how to address it. Prevention comes in the form of exercise.

Priscilla Aguirre (Olivas)

It's not what matters right now but WHO matters...my relationship with the Lord, Christ Jesus is what matters most! He is the reason why I can be caring, compassionate, and forgiving.

Amanda Dold

The most important way I have coped during this challenging time is to be very intentional about practicing compassion for myself and compassion for others.

Helena Martey

By identifying the least important thing that matters, I discovered how quickly I can let go of things that I have absolutely no control over.

Kimberly J. Nasrul

Listening to my own deep responses, and just importantly (if not more so), listening to others. I am passionate about encouraging and teaching awareness, kindness, and resilience.

Renee Nunez

Earlier this year I began float therapy to be more relaxed and rejuvenated. I love the calmness that I experience after each session.

Dr. Alan Siegel

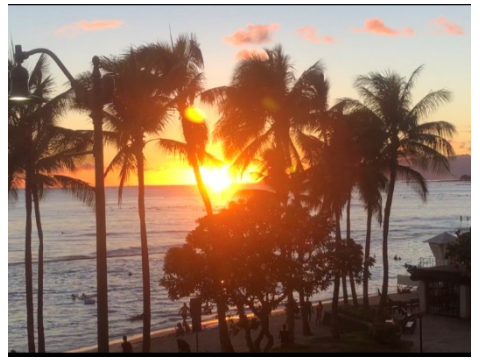
I believe strongly in the power of the arts for healing. Especially, right now, we need some good tools to stay grounded. The arts should be in your regimen, along with movement and nature.

Arlene Trimble

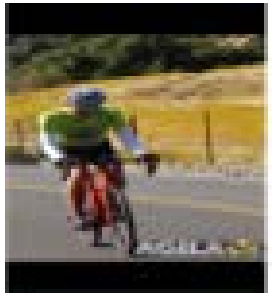
With a blue-sky mindset, I find it delightful when connecting with super creatives who amplify kind, smart, & joyful interactions in our complex and high velocity world.

OUR VALUE PROPOSITION: WHAT MAKES US DIFFERENT

Grassroots-based with strong crowdsourced content from our staff



Our 24/7 Wellness Website is available to anyone: our staff and our community members anytime, anywhere, any device.

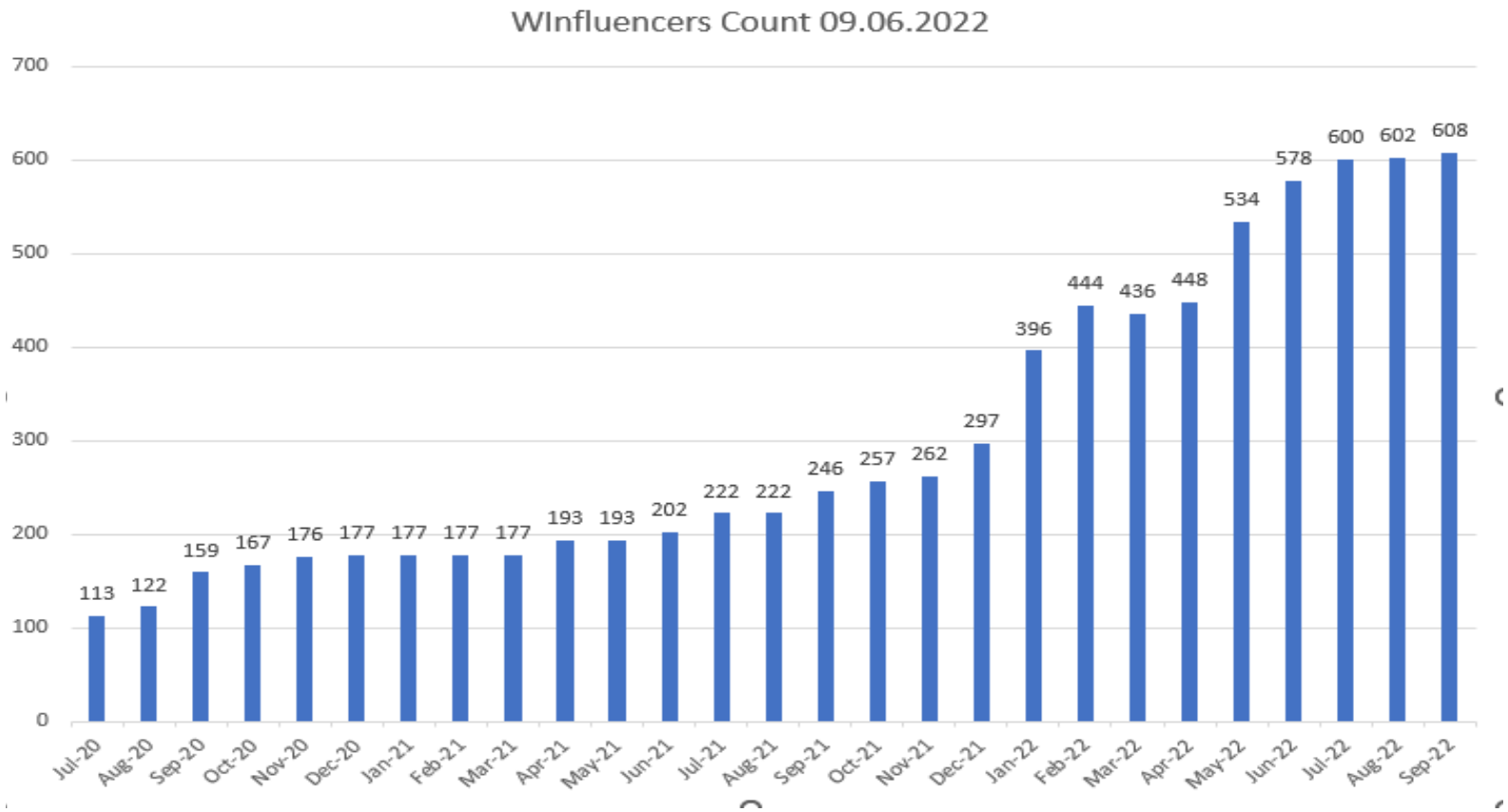


We align with the Quadruple Aim of Healthcare:

Patient Experience, Better Health Outcomes, Lower Cost, Staff Experience

Wellness Tips | Wellness Tips | Contra Costa Health Services (cchealth.org)

OUR WELLNESS INFLUENCERS
100+ Providers and 500+ Staff



WELLNESS INFLUENCERS THROUGHOUT CCHS

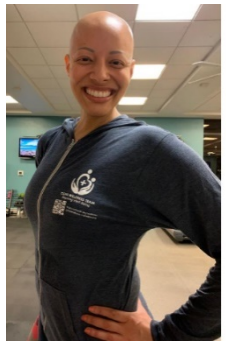
Hazardous Materials

Environmental Health

Personnel

Finance

Office of the Director



CCRMC & Health Centers

Detention Health

Behavioral Health

Health, Housing, Homeless

Public Health

Information Technology

OUR ACCOMPLISHMENTS
Timely, Inclusive, Consistent Offerings


CONTRA COSTA HEALTH SERVICES
WELLNESS TIPS
WE ARE ALL IN THIS TOGETHER!
CONTRA COSTA HEALTH SERVICES

100 DAYS OF WELLNESS

Vol. 1, Issue 100: http://tiny.cc/CCHSWellness

Celebrating the 100th Issue of Wellness Tips &

The Second Anniversary of CCHS Wellness

We thank all of you for welcoming and strengthening the voice of wellness in our organization. Your consistent contributions (wellness photos, quotes, hobbies, practices) make our Wellness Program unique, innovative, and personalized with a strong sense of community ownership.

We are celebrating our second anniversary with the publication of the **Wellness Tips Issue #100 and 100 Days of Wellness Playbook.** Below are our **Wellness Wins and Successes since March 13, 2020,** our roll-out date and **2021 Wellness Survey Results**. Looking forward to more **#JoyinWellness** with all of you in the future! https://cchealth.org/wellness/

- **100** Wellness Tips
- **1,500** Online Recorded Wellness Video Views
- **900+** Public Wellness Website Views
- **480+** Wellness Influencers
- Survey Responses 2021: 172 2020: 130
- **50+** Wellness iSite Stories/ Screensavers

2020/2021 Wellness Survey Results

- Overall Stress Level at Work: 2 Points Decrease from 2020 (32%) vs. 2021 (30%) Good
- Wellness Tips Have Reduced My Stress: 24 Points Increase from 2020 (31%) vs. 2021 (55%) Good
- Wellness Tips Have Enhanced My Day: 13 Points Increase from 2020(28%) vs. 2021 (41%) Good

OUR WISHLIST FOR THE FUTURE (2021 Wellness Survey Feedback)

- Enhance the approachability, availability, and accessibility of well-being activities.
- Nurture our community's personal well-being by offering new sessions & incentives.
- Design and host special well-being activities to level up and sustain engagement.

Wellness Team Members: Samir Shah, Sonia Sutherland, Kristin Moeller, Brian M. Johnson, Priscilla Aguirre, Amanda Dold, Patricia Hennigan, Helena Martey, Kimberly Nasrul, Renee Nunez, Alan Siegel, Arlene Trimble.

Special Thanks To:
Contra Costa Regional Health Foundation
CCRMC/HC Medical Staff
BHS Self-Care Team


JOIN US IN CELEBRATING RANDOM ACTS OF
KINDNESS WEEK
February 13 - 19, 2022
#MakeKindnesstheNorm #BrightenSomebody'sDay #MaketheWorldaKinderPlace
Contact: CCHSWellness@cchealth.org & Visit cchealth.org/wellness For More Wellness Tips


Celebrating
NATIONAL NURSE PRACTITIONER WEEK
2020


Vol. 1, Issue XX: http://tiny.cc/CCHSWellness

Introducing the Contra Costa Family Medicine Residents

WELCOME TO OUR COMMUNITY

CONTRA COSTA HEALTH SERVICES

CLASS OF 2024

Contact: CovidWellness@cchealth.org & Visit iSITE For More Wellness Tips


T'AI CHI CHIH

T'ai Chi Chih is a moving meditation that helps us access states of serenity, calmness, peace and joy by activating, circulating and balancing the life force, also known as chi, for health and well-being.

CCHS WELLNESS PROGRAMS

T'ai Chi Chih Part 1 - 30 minutes

T'ai Chi Chih Part 2 - 30 minutes

T'AI CHI CHIH

T'ai Chi Chih (Follow Along) - 55 minutes

T'ai Chi Chih (Follow Along, without audio) - 55 minutes

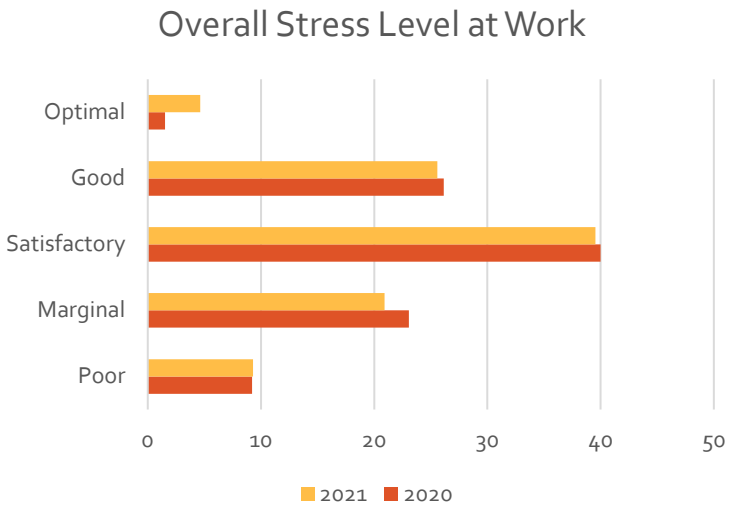
WALKING

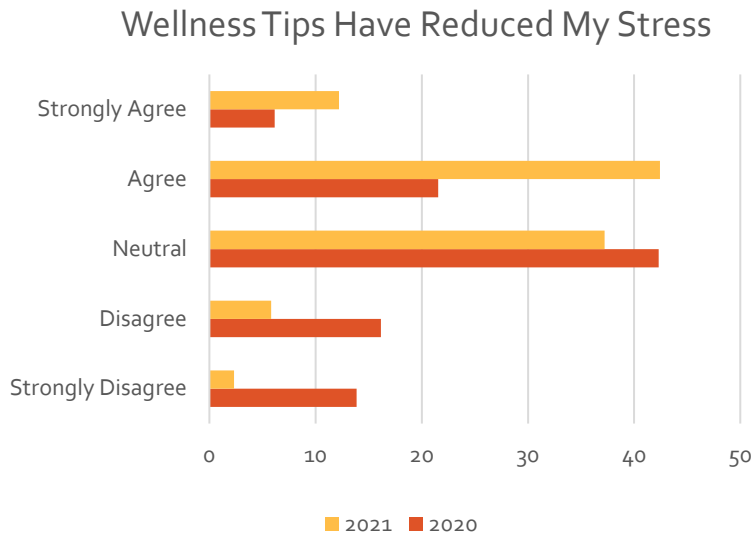
Wellness Tips
114 Issues to date

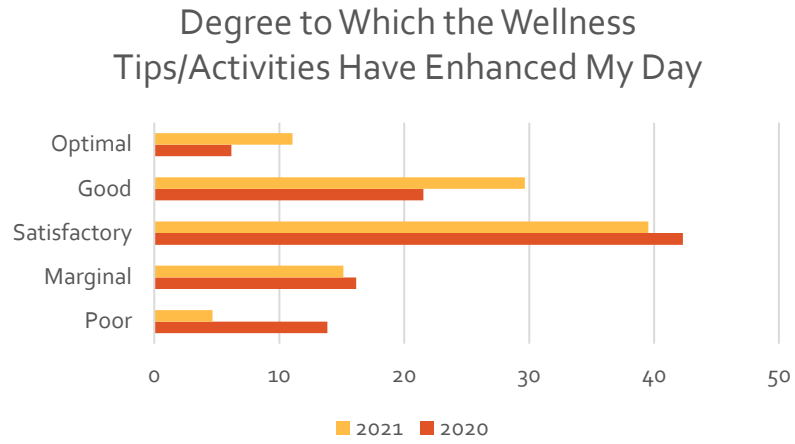
Screensavers
50+

Recorded Wellness Videos on Public Facing Website
2,422+ views to date

CCHS WELLNESS SURVEY RESULTS 2020/2021





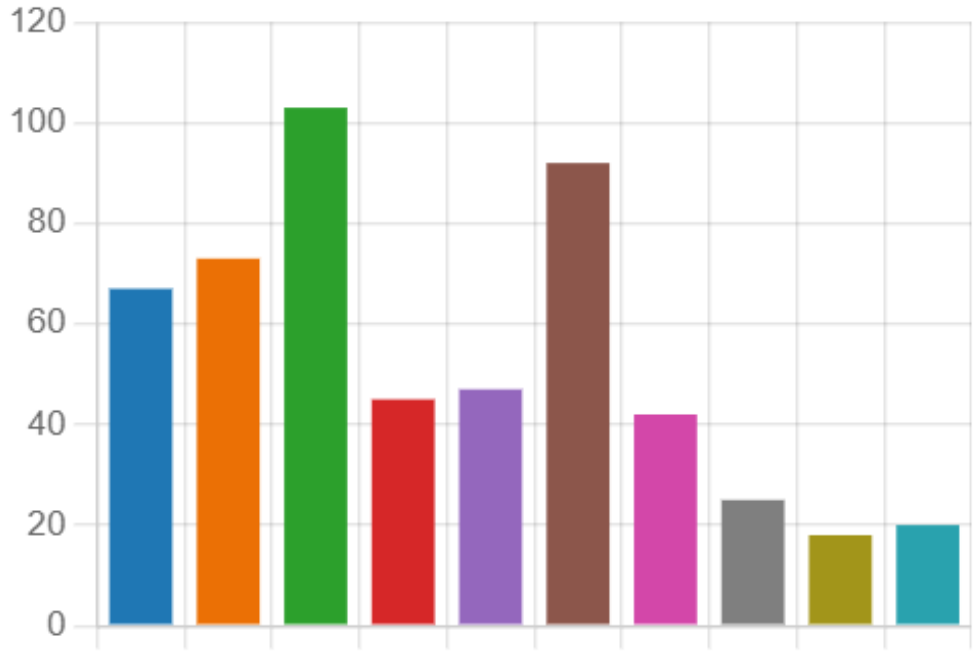


Overall Stress Level at Work: **2 Points Decrease** **from 2020 (32%) vs. 2021 (30%)** **Good**
Wellness Tips Have Reduced My Stress: **24 Points Increase** **from 2020 (31%) vs. 2021 (55%)** **Good**
Wellness Tips Have Enhanced My Day: **13 Points Increase** **from 2020(28%) vs. 2021 (41%)** **Good**

To ensure that we continue to offer you wellness programs that meet your interests, ***please mark the TOP 3 wellness activities that you will be interested in participating.***

More Details

Acupressure	67
Dance/Workout (Zumba, Bollyw...	73
Mindfulness (Anxiety, Compassi...	103
Outdoor Fitness Gym Equipment	45
Personal Safety/Self-Defense Or...	47
Relaxation/Workout Room	92
DIY (Do-It-Yourself) Sessions	42
Virtual Quick and Easy Styling (...	25
Contests (Poetry, Posters)	18
Other	20



OUR WISH LIST/NEXT STEPS

- **Diversify** our wellness offerings by producing new virtual sessions and recorded videos per requests by staff.
- **Promote** personal resilience and continue to encourage physical movement.
- **Increase** the engagement of our members through expanded offerings.
- **Collaborate** with local systems thru the California Association of Public Hospitals *Workforce Wellbeing Program* & the Alameda Contra Costa Medical Association

https://cchealth.org/wellness/ CCHSWellness@cchrealth.org


CCRMC & Health Centers Policies
Joint Conference Committee
September 2022
Contra Costa
Regional Medical Center
& Health Centers
A Division of Contra Costa Health Services

Consent Agenda for Medical Executive Committee
September 19, 2022
Policies Approved in Patient Care and Policy Evaluation Committee September 7, 2022

Hospital Policies

Policy Number	Department/Policy Name/Policy Owner	New (N) Revised (R) Retired (Ret)	Significant Change? (Y) (N) (N/A)	Brief Description
356	Disaster Plan for Medical, Surgical and Telemetry Units	R	N	Review, updated telemetry unit title, references moved, added approving committees
566	Child Abuse or Neglect Reporting	R	N	Updated language to align with regulations. Updated forms and references. Added definition of mandated reporter and penalties for not reporting.
565	Screening and Assessment of Suspected Dependent Adult/Elder Abuse or Neglect	R	Y	Updates according to AB 135. Reporting age for Elder is now 60 not 65. Updated reporting process/phone numbers. Added information about fines
619	Advanced Health Care Directive (Patient Self-Determination Act	R	N	Clarifying language to align with regulations
361	Code Silver	R	N	Minor changes for clarity
613	Withholding or Withdrawing Life-Sustaining Treatment	R	Y	Section regarding DNR was removed and made into a separate policy
614	Don Not Resuscitate	N	N	DNR content from policy 613 was used to create this stand alone policy and additional language was added to reflect current practice
579	Universal Protocol Procedure	R	N	Updated
579 - B	Operating Room Team Surgical Safety List	R	N	Updated
Hosp 509	Patient Identification & Attach A&B	N	N	Previous AC policy now hosp - differentiate amb vs hosp
Hosp 363	Infant Security HUGS Infant Security and Code Pink	R	Y	Updated based on new system
546	Treatment of Admitted Inmate/Custody Patients	R	N	

Hospital Policies

Policy Number	Department/Policy Name/Policy Owner	New (N) Revised (R) Retired (Ret)	Significant Change? (Y) (N) (N/A)	Brief Description
505	Return Appointments for Patients Being Discharged from Hospital	R	N	
508	Communication Hand-Offs	R	N	
582	Suspected Patient Abuse or Neglect While in the Care of the Hospital	R	N	
582 A/B	Suspected Patient Abuse or Neglect While in the Care of the Hospital	R	N	
610	Charity Care Program	N		
610 A	Charity Care Program	N		
610 B	Charity Care Program	N		
611	Discounts Payments Program	N		
611 A/B	Discounts Payments Program	N		
116	Overhead and Pocket Paging of Hospital Personnel	R	N	
104	Do Not Resuscitate (DNR) Orders in the Emergency Department	R	N	

Nursing Policies

Policy Number	Department/Policy Name/Policy Owner	New (N) Revised (R) Retired (Ret)	Significant Change? (Y) (N) (N/A)	Brief Description
201-A	OR Nursing Policy - Difficult Airway Cart Supple List	R	N	Added a new drawer, supply changes
201-E	OR Nursing Policy - Anesthesia Tech Daily Responsibilities	R	N	Reviewed only, routine formatting changes
701-E	OR Nursing Policy - Routine Specimen Submitted to Pathology	R	N	Reviewed only, routine formatting changes
100	PACU Nursing Policy - PeriAnesthesia Nursing Scope of Practice	R	N	Reviewed only, routine formatting changes
802-A	ED Policy - Suicide Risk Interventions by Risk Level & Role	R	N	Updated to meet standards, reviewed
118	Nursing Psychiatric Policy - Department Specific Disaster Plan	R	N	Reviewed only, routine formatting changes
504	Nursing Policy 504/Hospital Policy 529/OR Policy 1109 - Sequential Compression for Deep Vein Thrombosis (DVT) Prophylaxis	R	N	Reference updates, reviewed, minimal updating
302	OR Nursing - Scheduling Surgical Procedures	R	N	Updated
302-A	OR Nursing - Notification of Surgery After Hours	R	N	Updated
222	Anesthesia Assessment and Monitoring	R	N	Updated
200	ED Nursing - Triage	R	N	Updated
200 - A-F	Triage - Attachments	R	N	Updated (Retire 200 - G)
126	Nursing - Severe Sepsis Treatment and Management	R	N	Retired individual unit policy (ED #490), added to nursng policy
205	ED Nursing - Ketamine Sedation in Pediatric Population	R	N	Updated
1000	ED Nursing - The Discharge of Emergency Room Patients	R	N	Updated
3.40	Nursery - Needle Thoracentesis and Chest Tube Placement	R	N	Minimal updates, references
3.40 A	Pneumothorax Procedure Tray and use of Heimlich Chest Drain Valve	R	N	Reviewed, updated
Psych 333-A	Guideline for Close Obs Assignment in Psych Units	R	N	Updated

Nursing Policies

Policy Number	Department/Policy Name/Policy Owner	New (N) Revised (R) Retired (Ret)	Significant Change? (Y) (N) (N/A)	Brief Description
Psych 401	Discharge Planning/After Care for Inpt Psych	R	Y	Removed excess, direct to process
Psych 401-A	DC Planning/After Care - Placement and Referral Guidelines	R	N	Updated
Psych 404	Referrals to the Regional Center of the East Bay	R	Y	Clearer directives, updated authorities/responsibilities
Psych 404-A	Guidelines for DD Patients	R	N	Updated
Psych 717	Inpt Psychiatry Therapeutic Groups and Activities	R	Y	Updated, removed excess
101	Overview of the Department of Psychiatry	R	N	
Perinatal 1.25-A	Operational Use of HUGS System & The Kisses Mother/Infant Matching Component	R	Y	New system updated
Perinatal 2.58	Intrapartum Pain Management	R	Y	Updated
Perinatal 2.70	Placenta Disposal and Release	R	Y	Updated - Medical waste management standards
809	Ostomy Care	R	Y	Refernces, formatting, updating
1702	ED - Patient Assignments RETIRE	Ret	N/A	
202	ED - Pediatric Response Team RETIRE	Ret	N/A	Part of CODE BLUE policy now
194	ED/PES Ambulance Transfer Policy	R	N	
194 A	ED/PES Ambulance Transfer Policy	R	N	
1204	Acetaminophen Administration at Triage	R	N	Evaluation
1206	Ibuprofen: Administration at Triage for fever	R	N	Nursing consideration
1800	ED Medical Record	R	N	Making sure 706 is updated
2012	Albuterol	R	N	
2.74	Preeclampsia	R	N	

Nursing Policies

Policy Number	Department/Policy Name/Policy Owner	New (N) Revised (R) Retired (Ret)	Significant Change? (Y) (N) (N/A)	Brief Description
2.74 A/D	Preeclampsia	R	N	
708	Titrating Medications	R	N	
701	Medication Administration and Documentation	R	N	
901	Telemetry Unit Admission Criteria	R	N	
3.158	Umbilical Catheters Nursing Responsibilt	R	N	
3.158 A	Attchmnet A	R	N	
3.91	Administration of Hep B Vaccine	R	N	
204-B	Pediatric Crash Cart Check Log	R	N	
204-A	Adult Crash Cart Check Log	R	N	
490	ED - Adult and Pediatric Sepsis	Ret	N/A	Retire - added to nursing policy
202	ED Policy - Pediatric Response Team	Ret	N/A	Retire - Part of Code Blue Policy now
202-A	ED Policy - Pediatric Response Team Role Guidelines	Ret	N/A	Retire - Part of Code Blue Policy now
202-B	ED Policy - Pediatric Crash Cart Check Log	Ret	N/A	Retire - Part of Code Blue Policy now
202-C	ED Policy - Infant Warmer	Ret	N/A	Retire - Part of Code Blue Policy now
203	ED Policy - Allergy & Adverse Drug Reation Verification	Ret	N/A	Retire - Part of Nursing Assessment
1200	ED Policy - Home Medication Verificatin in the ED	Ret	N/A	Retire - Part of Nursing Assessment
204	ED Policy - Vital Signs	Ret	N/A	Retire - Part of Nursing Assessment
2.54	Perinatal Policy - Nitroglycerin Spray	Ret	N/A	Retire - not specific
2.88	Perinatal Policy - Sterile Speculum Exam	Ret	N/A	Retire - Not Nursing

Nursing Policies

Policy Number	Department/Policy Name/Policy Owner	New (N) Revised (R) Retired (Ret)	Significant Change? (Y) (N) (N/A)	Brief Description
3.108	Nursery Policy - Newborn Intensive Care Flowsheet	Ret	N/A	Retire - Electronic Chart
3.148	Perinatal Policy - Synergis Dosing Table	Ret	N/A	Retire - Not used - not attached, link in 3.148A
3.148 - A	Perinatal Policy - RSV Risk Assessment	Ret	N/A	Retire - Not used
3.172	Nursery Policy - Radiographing Infants in the Nursery	Ret	N/A	Retire - not used by Nursing

Infection Control

Policy Number	Department/Policy Name/Policy Owner	New (N) Revised (R) Retired (Ret)	Significant Change? (Y) (N) (N/A)	Brief Description
IC502	Sudden Influx of Infectious Patients Surge Capacity Plan 2022-2023	R	Y	Add language regarding alternative care sites page 9
IC212	Notficiation of Emergency Medical Technicians and Funeral Directors of Potential Exposure to Reportable Diseases	R	N	Update contact phone numbers
IC212a	EMS 6 Form	R	N	no changes
IC105	Outbreak Identification and Management	R	N	Additional reference added IC Program changed to IC Manager
IC219	Management of Patient Exposure to Varicella (Chickenpox)	R	N	Reference Update, IC Program changed to IC Manager. IIC group email and link to other policy added
IC221	Guidelines for Volunteer Services	R	N	Additional policy links added, IC Program changed to IC Manager
IC230	Prevention of Cental Line Associated Bloodstream Infection	R	Y	IC Program changed to IC Manager, added key points post insertion care with link to Nursing Policy
IC307	Managing Patients with Suspected or confirmed Tuberculosis Inpatient	R	Y	Change IC Program to IC Manager, change pager number, updated information on specimens
IC309	Managging Patients with Suspected or Confirmed Tuberculosis - Ambulatory Care	R	N	Change IC Program to IC Manager, change pager number.
IC416	Evaluation and Management of Employee Latex Allergy	R	N	IC Program to IC Manager
IC422	Influenza Immunization or Wear Mask	R	N	IC Program changed to IC Manager,
IC214	Guidelines for Returning Equipment to Central Processing 2021	R		
IC214a	Addendum: Small Equipment Cleaning 2021	R		
IC244	Infection Prevention Guidelines for Construction	R		
IC418	Administration and Documentation of Employment Immunizations	R		

Infection Control

Policy Number	Department/Policy Name/Policy Owner	New (N) Revised (R) Retired (Ret)	Significant Change? (Y) (N) (N/A)	Brief Description
	Aerosol Transmissible Disease	R	Y	Updated to meet current standards
IC218	Mgmt of Patients with Lice or Scabies	Reviewed	N	
IC220	Mgmt of Patient Exposure to Rubeola	Reviewed	N	
IC223	Engineered Sharps Safety Devices	Reviewed	N	
IC225	Nasal Swab for Adults Influeza and or RSV testing	Reviewed	N	
IC234	Active Surveillance for MRSA	R	N	
IC238	Service Animals at CCRMC & HC	R	N	
IC238a	Guidelines for Patients with Service Animals	Reviewed	N	
IC252	Temperature and Humidity in the OR Suites	Reviewed	N	
IC252a	Atemperature and Relative Humidity Mgmt	N		
IC254	Temperature and Humidity in SPD	R	N	
IC401	Reporting Employee Illness to Infection Control	R	N	
IC401a	Guidelines for Employee Illness 2022	Reviewed	N	
IC403	Guidelines for Pregnant Employees	Reviewed	N	
IC404	Occupational Exposure to Blood and Body Fluid	R	N	
IC405	Health Screening and Services for Volunteers	R	N	
IC405a	Volunteer Health Screening Requirements	Reviewed	N	
IC418	Administration and Documentation of Employee Immunizations	R	N	

Nutrition

Policy Number	Department/Policy Name/Policy Owner	New (N) Revised (R) Retired (Ret)	Significant Change? (Y) (N) (N/A)	Brief Description
PC.MD-5	PRESCRIBED DIET ORDER	R	N	REVISED TO BE MORE CONSISE
PC.MD-5A	INTERPRETATION GUIDELINES FOR DIET ORDERS	R	N	DIETS AND VERBIAGE MODIFIED FOR CURRENT DIETS AT THE FACILITY
PC.MD-6	TRANSMISSION OF DIET ORDERS	R	N	NO CHANGES MADE
PC.MD-1A	THE DIET MANUAL	R	Y	SIGNIFCANT CHANGES TO VERBIAGE USED. DIETS MODIFIED FOR NEW MENU AND IDDSI
PC.MD-4	ALTERNATIVE PATIENT MENU SELECTION	R	N	DELETED SECTION B UNDER PROCEDURE IV. FOLLOW UP NOT INDICATED
PC.MD-2	PATIENT MENU	R	N	REMOVED OUTDATED DIETS. REMOVED SECTION C UNDER PROCEDURES & ADDED TO PC.NU-1 POLICY
PC.NU-1	PATIENT DIET PROFILE INFORMATION	R	N	ADDED ALLERGY INFORMATION FROM PC.MD-2
PC.MD-7	PATIENT FOOD PROVIDED BY FAMILY/FRIENDS	R	N	NO CHANGES MADE
PC.MD-7A	GUIDELINES FOR BRINGING FOOD TO PATIENTS IN THE HOSPITAL AT CCRMC	R	N	NO CHANGES MADE
PC.MD-7B	SPANISH GUIDELINES FOR BRINGING FOOD TO PATIENTS IN THE HOSPITAL AT CCRMC	R	N	NO CHANGES MADE
PC.NU-12	FOOD AND DRUG INTERACTION	R	N	NO CHANGES MADE
PC.NU-12A	ANTI-COAGULATION: FOOD AND DRUG INTERACTION	R	N	NO CHANGES MADE
PC.NU-2	NUTRITION RISK IDENTIFICATION	R	Y	ADDED MST SCORE, NPO/CL AND EN/PN FOR RD ASSESS. MADE PROCEDURE FOR NUTRITON CONSULT MORE CONSISE
PC.NU-3	POLICY ON NUTRITION CARE PROCESS	R	N	CHANGES MADE IN 2019. NO CHANGES MADE THIS YEAR

Nutrition

Policy Number	Department/Policy Name/Policy Owner	New (N) Revised (R) Retired (Ret)	Significant Change? (Y) (N) (N/A)	Brief Description
PC.NU-6	ENTERAL NUTRITION SUPPORT	R	N	NO CHANGES MADE
PC.NU-7	PARENTERAL NUTRITION SUPPORT	R	N	NO CHANGES MADE
PC.NU-14	CALORIE COUNT	R	N	NO CHANGES MADE
PC.NU-15	FLUID RESTRICTION	R	N	REMOVED FLUID EXAMPLES. NOT NEEDED IN POLICY AND ARE NOT ACCURATE
PP-1	MENU PLANNING AND PURCHASING	R	N	VERY MINOR VERBIAGE CHANGES
PP-1 A	VENDOR AND DELIVERY TABLES	R	Y	UPDATED TO CURRENT VENDORS/DELIVERIES
PC.MS-6	NOURISHMENT ROOM SUPPLIES	R	N	CURRENT POLICY COULD BE CONFUSING. MODIFIED TO BE MORE CONSISE
PC.MS-3	PATIENT TRAY ASSEMBLY, DISTRIBUTION AND RETRIEVAL	R	Y	CURRENT POLICY VERY REDUNDANT, RE-WROTE TO BE MORE CONSISE AND IN-LINE WITH TITLE 22 REGULATIONS
PP-3	FOOD PREPARATION AND PRODUCTION	R	Y	POLICY WAS OVERLY DETAILED AND NOT UP TO DATE WITH CURRENT PROCEDURES.
PC.MS-2	AVAILABILITY OF FOOD WHEN KITCHEN IS CLOSED	R	Y	STREAMLINED AS EARLY/LATE TRAYS ADRESSED IN PC.MS-3
PC.MS-7	BETWEEN MEAL NOURISHMENTS	N		NEW POLICY TO OUTLINE SNACK P&P

Diagnostic Imaging

Policy Number	Department/Policy Name/Policy Owner	New (N) Revised (R) Retired (Ret)	Significant Change? (Y) (N) (N/A)	Brief Description
101	Diagnostic Imaging Department Mission Statement	No Change		
102	Practitioners Authorized to Order Diagnostic Imaging Services	No Change		
104	Scheduling Diagnostic Imaging Examinations	No Change		
105	Patient Education	No Change		
106	vRad Radiology Services	R	N	
201	Radiologist Standards, Requirements and Privileges	No Change		
202	Proctoring of New Radiologists	No Change		
203	Medical Director Responsibilities	No Change		
204	Radiologist's Professional Duties and Responsibilities	No Change		
205	Radiologist Responsibilities for Special Procedures	No Change		
206	Communication of Emergent and Urgent Results of Diagnostic Imaging Examinations	No Change		
207	Physicians Authorized to Perform Diagnostic Fluoroscopy	No Change		
208	Critical Results notification	R	N	
301	General Imaging Guidelines	R	N	Language Changes Sec.
302	Protocols for General Diagnostic Radiography and Mammography	R	N	Add appropriate protocol location
303	Fluoroscopy Time Monitoring	No Change		
304	Diagnostic Angiography	No Change		
305	Imaging-Guided Biopsy	No Change	N	Deleted wording and updated to todays work
306	Myelography and Lumbar Puncture	No Change	N	

Diagnostic Imaging

Policy Number	Department/Policy Name/Policy Owner	New (N) Revised (R) Retired (Ret)	Significant Change? (Y) (N) (N/A)	Brief Description
307	Dobutamine-Myoview or Thallium Stress Test	No Change		
308	Network Down Time	No Change		
401	General orientation of newly appointed Diagnostic Imaging Employees	R	N	Wording change
402	Operating Room Orientation for the Radiologic Technologist	No Change		
403	Procedural Sequence for Radiologic Technologist While in the Operating Room	No Change		
404	Diagnostic Imaging Inservice Education	No Change		
405	Diagnostic Imaging Dept. Job Descriptions	No Change		
405.1	Nuclear Medicine Technologist	No Change		
405.2	Medical Transcriber	No Change		
405.3	Ultrasound Technologist I & II	No Change		
405.4	Diagnostic Imaging LVN II	No Change		
405.5	Diagnostic Imaging Manager	No Change		
405.6	Diagnostic Imaging Assistant Manager	No Change		
405.1	Nuclear Medicine Technologist	Ret	Duplicate	Duplicate policy to policy 405.1, Remove
501	Care of the Pediatric Patient in Diagnostic Imaging	No Change		
502	Imaging Infants in the Nursery	No Change		
503	Critically Ill Patients	No Change		
504	Spine Injury Patients	No Change		
506	Patients with Asthma	No Change		
507	Care of the Patient Receiving Therapeutic Radiopharmaceuticals	No Change		
601	Administration of Intravenous Contrast Media	R	Y	

Diagnostic Imaging

Policy Number	Department/Policy Name/Policy Owner	New (N) Revised (R) Retired (Ret)	Significant Change? (Y) (N) (N/A)	Brief Description
602	Low-Osmolar (Nonionic) Contrast Media	No Change		
603	Purchase, Storage, Distribution and Disposal of Radiographic Contrast Media	R	N	
604	Adverse Contrast Media Reaction/Non-Contrast Media Occurrences	R	N	
605	Contrast Extravasation	No Change		
606	Gadolinium Based Contrast Media (MRI)	R	Y	Reviewed with Dr Liebig
607	Contrast Warmer Temperature	Ret		Dept no longer have Contrast Warmers
701	Image/Film Flow and Report Distribution	Ret		
702	General Responsibilities of Clerical Staff	R		
703	Scheduling Diagnostic Imaging Examinations at Alternate Imaging Facilities	R		
704	Scheduling MRI and MRA Examinations	R		
705	Mammography Records	NO CHANGE		
706	Obtaining Emergent CT Exams when the CCRMC CT Scanner is Inoperable	R		
707	Release of Medical Information: Subpoena Procedure	R		
708	Mammography Comparison Images	NO CHANGE		
709	Missed Appointment	R		
710	Scheduling Diagnostic Imaging Exams for the Uninsured	R		

Diagnostic Imaging

Policy Number	Department/Policy Name/Policy Owner	New (N) Revised (R) Retired (Ret)	Significant Change? (Y) (N) (N/A)	Brief Description
711	3 Strikes Policy for Rescheduling DI Appointments	R		
712	Release of Medical Imaging Records	R		
801	Medical Emergency Notification System	R	N	Revised before notified tracker needed
805	Explosion Procedure	NO CHANGE		
806	Safety	R	N	WORDING AND OLD PROCESSES
807	Electrical Safety	R	N	GRAMMAR
808	Mechanical Safety – Staff	NO CHANGE		
809	Emergency Drug Boxes and Crash Carts	NO CHANGE		
901	Diagnostic Imaging Department Disaster Plan	NO CHANGE		
901-Attach A	Radiology Unit Leader Form	NO CHANGE		
902	Activation and Termination of Emergency Plan	NO CHANGE		
903	Disaster Response Responsibilities of Employees	NO CHANGE		
904	Diagnostic Imaging Disaster Fan-Out List	NO CHANGE		
905	Department Evacuation Map	NO CHANGE		
1001	Equipment and Supplies			
1002	Equipment Malfunction	R	N	UPDATED VENDOR NUMBERS
1003	GE Medical – System I.D. Numbers	R	N	UPDATED SYSTEM IDS
1101	Quality Control Program	NO CHANGE		
1102	Lead Apron/Shield/Gloves Inspection	NO CHANGE		

Diagnostic Imaging

Policy Number	Department/Policy Name/Policy Owner	New (N) Revised (R) Retired (Ret)	Significant Change? (Y) (N) (N/A)	Brief Description
1103	Fluoroscopy KVP and MA Output Test	R	N	SEC IV-BETTER DEFINED PROCESS
1104	Lead Apron/Shielding Cleaning and Storage	NO CHANGE		
1105	DI Critical Equipment Services' Downtime Communication Policy	R	N	SEC IV-UPDATED NOTIFICATION PROCESS
1202	Radiation Exposure to Pregnant Patients	NO CHANGE		
1203	Radiation Safety Committee	NO CHANGE		
1204	Radiation Safety Program (also Hosp. Pol. #365)	NO CHANGE		
1205	Radiation Safety/ALARA Program	NO CHANGE		
1206	Radiation Physicist Survey	NO CHANGE		
1207	Department Radiation Safety Guidelines	NO CHANGE		
1208	Declared Pregnant Worker Policy	NO CHANGE		
1209	Receipt of Packages Containing Radioactive Materials	NO CHANGE		
1210	CT Patient Exposure Recording	NO CHANGE		
1211	Mobile Fluoroscopic Equipment C-ARM Spacer Exemption	NO CHANGE		
1212	CT Exam Event/Incident Action Level Reporting	R	N	Spelling
1213	Occupational Exposure Limits to Radiation	NO CHANGE		
1213-ATTACH A	Radiation Exposure Notification	NO CHANGE		
1214	Radiation Exposure Monitoring	NO CHANGE		

Diagnostic Imaging

Policy Number	Department/Policy Name/Policy Owner	New (N) Revised (R) Retired (Ret)	Significant Change? (Y) (N) (N/A)	Brief Description
1301	MRI Patient Screening	R	N	SEC IV. Procedure B ADDED THE WORD EXCEPT
1302	Patient and Visitor Safety in MRI Scanning Room	NO CHANGE		
1303	MRI Scan Procedure	R	N	
1304	Assessment of Patients in the MRI Department	NO CHANGE		
1306	Pediatric Patients – MRI Scan	NO CHANGE		
1307	Claustrophobic Patients – MRI Scan	NO CHANGE		
1308	Pregnant Patients	NO CHANGE		
1309	Patient Transportation – MRI Department	NO CHANGE		
1310	Table Weight Limit – MRI Scanner-Obese/Morbidly Obese Patients	R	N	SEC III, IV C
1311-A	MRI Emergency Procedures – Code Blue	NO CHANGE		
1311-B	MRI Emergency Procedures – Fire	NO CHANGE		
1311-C	MRI Emergency Procedures – Emergency Off – Power Failure	NO CHANGE		
1311-D	MRI Emergency Procedures – Emergency Magnet Rundown – Quench Evacuation	NO CHANGE		
1312	Pregnant Employees – MRI Scan	NO CHANGE		
1313	Storage and Handling of Cryogens	NO CHANGE		
1314	MRI Zone and Safety	NO CHANGE		

Cardiopulmonary

Policy Number	Department/Policy Name/Policy Owner	New (N) Revised (R) Retired (Ret)	Significant Change? (Y) (N) (N/A)	Brief Description
A.10.1	Cardiopulm/ Equipment Management	R	N	No changes other than Job Title
A.10.2	Cardiopulm/ Dept Disaster Plan	R	N	No changes other than Job Title
A.10.3	Cardiopulm/ Patient Assessment	R	N	No changes other than Job Title
A.10.4	Cardiopulm/ Medication Administration	R	N	No changes other than Job Title
RCD.30.0	Cardiopulm/ Sputum Induction	R	N	No changes other than Job Title
RCD.30.1	Cardiopulm/ Peak Flow	R	N	No changes other than Job Title
RCD.30.2	Cardiopulm/ Non Bronchoscopic BAL	R	N	No changes other than Job Title
RC.40.0	Cardiopulm/ Oxygen Administration	R	N	No changes other than Job Title
RC.40.7.1	Cardiopulm/ Airway Pressure Releasve Ventilation	R	N	No changes other than Job Title
RC.40.5	Cardiopulm/ Pulse Oximetry	R	N	No changes other than Job Title
RC.40.7.2	Cardiopulm/ Artificial Airway Management	R	N	No changes other than Job Title
RC.40.7.6	Cardiopulm/ Mechanical Ventilation Weaning Protocol	R	N	No changes other than Job Title
RC.40.7.7	Cardiopulm/ Non-Invasive Postive Pressure Ventilation	R	N	No changes other than Job Title
RC.40.2	Cardiopulm/ Aerosolization of Pentamidine	Ret	N/A	Archive - NOT IN USE
RC.40.7.4	Cardiopulm/ Intrapulmonary Precussive Ventilation	Ret	N/A	Archive - NOT IN USE
N.50.0	Cardiopulm/ Blood Sampling - Heel Stick	Ret	N/A	Archive - NOT IN USE
N.50.2	Cardiopulm/ Setup and maintenance of Oxygen Hood	Ret	N/A	Archive - NOT IN USE

Pharmacy

Policy Number	Department/Policy Name/Policy Owner	New (N) Revised (R) Retired (Ret)	Significant Change? (Y) (N) (N/A)	Brief Description
3305	Patient Controlled Analgesia	R	N	
3222	Patients Own Medication	R	N	
3318	Discontinued or Returned Medications	R	N	
3510	Bedside Medications	R	N	
3314	Titrating Medications	R	N	
3401	Pharmacist order Verification	R	N	
3508	ADMs- Override	R	N	
3511	Medication Administartion and Docum	R	N	
3615	Medication Errors	R	N	
3606	Anticoagulations	R	N	
4005	Multidose Vials	R	N	
3314	Administration Instructions for titratable Medications	R	N	
3706	Fentanyl Patch	R	N	


CCRMC & Health Centers Policies
NEW POLICIES
Contra Costa Regional Medical Center & Health Centers
A Division of Contra Costa Health Services

Contra Costa Regional Medical Center
Contra Costa Health Services

Governance & Administration	**Do Not Resuscitate (DNR) Policy**	**Policy # 614**
		Original Date: 9/22
		Revised Date:

I. PURPOSE:

To provide guidance to the physicians and staff at Contra Costa Regional Medical Center and Health Services in addressing and respecting patients' rights and wishes to choose or decline attempts at resuscitative measures in the event they have a cardiopulmonary arrest while in the hospital. This policy will also describe the health care team's role and duties in implementing Do Not Resuscitate (DNR) orders.

II. RESPONSIBILITY:

Treating Physician, Nursing staff and others in the multidisciplinary care team

III. POLICY:

It is the policy of this hospital and its professional staff to provide treatment that respects a patient's known wishes and values and is consistent with standards of care. The hospital staff recognizes a patient's fundamental right to control decisions relating to his/her treatment, including decisions about cardiopulmonary resuscitation (CPR). Accordingly, this policy affirms that patients have a right to consent to or refuse CPR. In the absence of a properly recorded DNR order, it is the policy of this hospital to initiate CPR for patients who have a cardiac or respiratory arrest unless this intervention is deemed to be medically ineffective.

IV. PROCEDURE:

A. Physician Assessment
   1. Confirm diagnosis, prognosis and treatment options
   2. Assess decision making capacity
      a. Identify surrogate decision maker if patient lacks capacity
      b. Follow steps outlined in the "Medical decision making for the incapacitated, unrepresented patient" guidelines if the patient lacks capacity and no decision maker has been identified
   3. Identify patient wishes and values, disclose treatment options that are medically appropriate.
   4. Health care providers are not subject to civil or criminal liability for honoring in good faith the patient's or health care agent's instructions to forgo resuscitation
   5. Health care providers are not required to provide health care contrary to generally accepted health care standards

B. Resuscitation or Non-Resuscitation Decisions for Adult Patients with Decision Making Capacity
   1. If an adult patient has decision-making capacity, the patient's wish to forgo resuscitation prevails over those of family members, agents, designated decision

makers, or health care professionals, and must be honored, except in special circumstances

C. Resuscitation or Non-Resuscitation Decisions for Adult Patients Who Lack Decision Making Capacity

1. Identify an appropriate decision-maker

a. Formally appointed decision maker by the patient

b. Formally appointed decision maker by the courts

c. Informally appointed decision maker by the patient

d. Moral intimate

2. Role and duties of designated decision-makers

a. Patients who lack decision-making capacity or the ability to speak for themselves are entitled to have a designated decision-maker make health care decisions on their behalf, and to have their known prior wishes reflecting their treatment preferences, personal values, and goals respected. Health care decisions include decisions to initiate, withdraw, continue, or withhold life-sustaining treatment, whether or not patients are terminally ill. Life-sustaining treatment includes, but is not limited to, artificial nutrition and hydration.

i. Bases for Decision-Making

i. Prior Expressed Wishes/Substituted Judgment

ii. Best Interest

b. The physician should not comply with the designated decision maker's request if the physician believes that request is (a) inconsistent with the patient's expressed wishes or (b) if the patient's wishes are unknown, with the patient's best interests. (See Section G: Special Circumstances below)

D. Resuscitation or Non-Resuscitation Decisions for Adult Patients Who Lack Capacity and Have No Designated Decision Maker

1. Patient's wishes are known

a. If a patient lacks decision making capacity and has no designated decision maker, and if the physician determines that resuscitative efforts are not medically indicated, an order to forgo life sustaining treatment may be written and implemented if the patient, at a time he/she/they had decision making capacity, designated in a valid advance directive that he/she/they would refuse this intervention under the present circumstances, and/or stated that he/she/they would refuse the treatment under the present circumstances. The physician shall record the patient statement in the medical record.

2. Patient's wishes are unknown

a. If a patient (a) lacks decision making capacity and is not expected to regain it, (b) has no designated decision maker after a due diligent search, and (c) has not expressed any known wishes about treatment under the present circumstances then the Ethics Committee should be consulted for further discussion.

3. Patient Notification

a. All patients must be notified of their diagnosis, treatment options and the recommendations from their physicians, regardless of their capacity status. Patients have the right to be told they lack capacity and who their designated decision maker will be. Given that capacity can change, these frequent discussions are intended to alert the physician and care team to any change

(improvement or otherwise) in a patient's ability to voice their wishes, goals and values.

E. Resuscitation or Non-Resuscitation Decisions for Minors

1. Consent Process

a. Unless "self-sufficient," "emancipated," or otherwise possessing special legal authority to decide on his or her own behalf, a minor cannot give legally recognized consent or refusal to consent to resuscitation. The minor's parents or legal guardian should be consulted about the resuscitation decision. If the minor is capable of participating in the decision-making process, he or she also should be consulted and his or her assent to the decision generally should be obtained. The physician should be in agreement that the parent's or guardian's decision is consistent with the minor's best interests. If there is an unresolved disagreement, the Ethics Committee should be consulted.

2. Designated decision makers

a. If the parents are married, either parent of a minor child may be consulted

b. If the parents are divorced with joint custody, either parent may be consulted unless a court specifies otherwise

c. If the parents are divorced and one parent has sole legal custody of the minor child, the parent with the sole custody should be consulted

d. A legally appointed guardian. For any questions regarding legal authority, the Risk Management Department should be consulted.

F. Consultation in the event of disagreement

1. The health care team should work together with patients and families to facilitate medical decision making and reach common understanding about the appropriateness of continuing or forgoing various treatment options. However, there may be situations in which the care team believes treatment being requested by the patient or their designated decision maker is inappropriate, outside standard of care, or nonbeneficial.

a. The hospital/physician reserves the right to decline to comply with an instruction or decision that requires medically ineffective health care or health care contrary to generally accepted health care standards. If the patient is expressing or has expressed a desire to receive resuscitation under all conditions contrary to the physician's recommendation, the Ethics Committee should be consulted.

b. When a health care provider declines to comply with an individual's health care instruction or decision, he/she/they should promptly inform the patient or the patient's designated decision maker, make all reasonable efforts to assist in the transfer of the patient to another health care provider who is willing to comply, and provide continuing care to the patient until a transfer can be accomplished

2. Role of the Ethics Committee

a. In the event of an unresolved disagreement between the patient, the patient's family, the designated decision maker(s), or members of the health care team over the resuscitation or non-resuscitation decision, consultation with Ethics Committee is recommended. Any of the above parties can request an ethics consultation. Consultation with the Ethics Committee will serve in an

advisory capacity to help elucidate the moral and ethical tensions that may have arisen in the process of providing care of the patient and is not intended to supplant the authority of the physician, who must ultimately make the most medically appropriate treatment decision for their patient. This decision will take into account what is understood regarding the patient's wishes, goals and values as well as all pertinent religious or cultural contextual features that may exist. If disagreement remains after this discussion, the involved parties may seek guidance through administrative or legal counsel.

3. Role of the Courts
    a. If family meetings and consultation with the Ethics Committee do not resolve the conflict, then it shall be determined by the physician in consultation with hospital administration whether the case shall be brought to legal counsel and potentially resolved through the courts. Recourse to the courts should generally be reserved for occasions when adjudication is clearly required by state law or when concerned parties maintain disagreements that cannot be resolved over matters of substantial import. When necessary, the courts may be approached to resolve legal disputes, such as when a physician believes that the surrogate decision-maker is not acting according to the patient's wishes or in the patient's best interests.

G. Special Circumstances: The physician should consult with hospital administration before making a final decision to forgo resuscitative efforts in these circumstances:

1. The patient's injury or condition has been created or aggravated by a medical incident occurring in the hospital
2. The patient is a crime victim or possible crime victim
3. The patient is known to be pregnant
4. The patient is known to be a sole parent with custody or responsibility for the care and support of a minor child.
5. The designated decision maker appears to lack decision making capacity, is acting in a manner that is inconsistent with the patient's wishes, or appears to be acting in bad faith.
6. Resolution about appropriate medical treatment is not achieved for an incapacitated unrepresented patient after the physician takes steps as outlined in this policy, including consultation with the Ethics Committee.

H. Limited Resuscitation

1. In some cases, in consultation with the patient or designated decision-maker, the physician may decide to administer limited resuscitative efforts in the event of a cardiopulmonary arrest. Such limited orders should be stated explicitly in the patient's electronic medical record. Such orders should be within the range of clinically reasonable combinations of interventions and should not cause undue confusion on the part of the physicians or other health care workers who may be called upon to implement them

I. DNR in the Operative and Post-Operative Setting

1. Although all pre-operative orders are typically canceled at the time of surgery, it is the policy of this hospital that a patient or his/her/their designated decision maker be given the option to continue existing DNR orders in the peri-operative period.

2. If suspension of a DNR order is intended, such suspension, as well as any other changes in the patient's care, must be precisely stated in the medical record as a physician's order, including the onset and termination of such changes.
3. Like other orders, a DNR order that has been suspended during an operative procedure should typically be reinstated by the surgeon's orders to take effect after the patient leaves the recovery room or at a predetermined time post-operatively.

J. DNR Orders and Special Procedures Performed Outside of the Operating Room
1. A physician performing a special procedure on a patient with a DNR order should discuss the patient's DNR status with the patient or designated decision maker as part of the consent process for the procedure and reach a mutually acceptable agreement regarding the continuation or suspension of the DNR order. These discussions and agreements should be clearly documented in the medical record.
2. Unless there is a physician's order suspending the DNR order during the special procedure, the DNR order shall be honored during special procedures. Because a DNR order does not change the standard of practice for the procedure being done, medications should be used to treat pre-arrest cardiorespiratory abnormalities

V. DOCUMENTATION:

A. Proper documentation in the medical record should include:
1. Basis for the decision
2. Decision-Making Capacity
3. Selection of decision maker(s) if the patient lacks capacity
4. Informed consent
5. Summaries of relevant discussions with the patient and/or designated decision maker(s)

B. Signed DNR order by the physician, a resident physician must have an attending co-sign their order
1. Presumption of Resuscitation in the absence of a completed order
   a. Nursing personnel will initiate resuscitation measures if there is no DNR order
2. Before writing a DNR order, the physician is encouraged to discuss the order and its meaning with appropriate members of the hospital staff so that involved professionals understand the order and its implications. If there are any questions or concerns about the intent or rationale of the order, staff are encouraged to communicate these concerns with the physician. If clarification is not obtained from the physician, the designated chain of command should be used to resolve the issue. If further clarification is required, the Ethics Committee and/or hospital administration should be consulted
3. Duration and reevaluation of DNR orders
   a. The DNR order will be presumed to be in effect for the duration of the patient's hospitalization unless an order to rescind it is written by the physician and documented in the appropriate area/s of the medical record
   b. During any re-evaluation, discussion with the patient or the designated decision-maker should verify whether the DNR order is to remain in effect. Documentation of the re-evaluation, discussion with the patient or designated decision-maker, any revision in the order, the reasons for such changes, and the consulting physician's opinion regarding the revision shall be recorded in the patient's medical record.

VI. REFERENCES:

The California Health Care Decisions Law -- (CA Probate Codes § 4600-4643); effective 2000; amendment to health care decisions law (AB1278) effective, January, 2002.
The Federal Patient Self-Determination Act (PSDA) -- (42 USC §§ 1395cc (f) and 1396a (w); regulations at 42 CFR §§ 489.100, 489.102, and 417.436)
California Code of Regulations (Title 22)
The Joint Commission (RI.1.2.5) – Patients' Rights and Organizational Ethics
Medicare Conditions of Participation (42 C.F.R. § 482.13(b) (3))
California Probate Code Sections 4600-4643; 4650-4660; 4700-4701
POLST – Probate Code 4780-4786. Also see: California Coalition for Compassionate Care: https://coalitionccc.org/

VII. APPENDIX

Please see the Ethics folder or consult the Ethics Committee for the full version of this policy, which includes definitions and expanded explanation for many of the topics discussed above.

Approving Committee(s)	Reviewed/Revised Date(s)
Ethics Committee: Patient Care Policy & Evaluation Committee: Medical Executive Committee: Joint Conference Committee:	8/2022 9/2022 9/2022

PATIENT IDENTIFICATION PROCESS

I. PURPOSE

To provide guidelines to Staff on the use of photographic government-issued identification and/or utilizing at least two patient identifiers for the verification of the patient's identity when presenting for care at Contra Costa Regional Medical Center (CCRMC) Health Centers (HC's).

II. REFERENCE

Contra Costa Health Services (CCHS) Policy 709-C, "Identity Theft Prevention Program."
2017 NPSG.01.01.01, "Identify patients correctly."

III. POLICY

Staff at CCRMC and HC's will protect and accurately identify each patient that we serve. Staff must reliably identify the individual as the person for whom the service or treatment is intended, must match the service or treatment to that individual, and must secure their protected health information and medical record accuracy at all encounters.

IV. AUTHORITY AND RESPONSIBILITY

All CCRMC and HC's Staff

V. PROCEDURE

A. Under no circumstance will the patient be refused care for lack of identification.

B. For patients presenting for services 18 years and over, Staff will:
   1. Request to see a government issued photographic proof of identity.
      a. Patient who presents for services without photo will be advised to bring government-issued ID when presenting for future services at CCRMC and HC's.
      b. The Staff will provide the patient with a list of acceptable identification and the "New Photo ID Requirement" notice.
   2. Compare the identification presented with the patient information in the patient's Electronic Health Record (EHR) system.
      a. If the name or information on the identification does not match the patient's EHR the staff will attempt to reconcile the discrepancy with the patient, patient's parent or designee, or contact a registration supervisor or designee if unable to do so.

C. For patients presenting for service under the age of 18, the Staff will:
   1. Ask parent, or patient's designee to provide his/her government-issued ID and two patient identifiers.
      a. Parent or patient's designee can state patient name, date of birth (DOB) or other pertinent demographic information prior to checking in the patient for care.

      OR

   2. Request school photo ID for patients under 18 years of age, who are presenting for care without a parent or patient designee present.
      a. If no school photo ID, minor will be advised that a school photo ID may be presented for subsequent visits, if available.
      b. Patient will be asked to provide two patient identifiers, e.g., first and last name, DOB, SS# or any other pertinent demographic information.

3. Compare the identification presented with the patient information in the patient's EHR system.
   a. If the name or information on the identification does not match the patient's EHR system, Staff will attempt to reconcile the discrepancy with the patient's parent, or patient's designee, or contact a registration supervisor or designee if unable to do so.

D. After identifying the patient and checking in the patient for care, the Staff will place and identification wristband on the patient's limb Emergency Department (ED), Psych Emergency Services (PES), Labor and Delivery (L&D), Outpatient Surgery (OPS), Inpatients and Diagnostic Imaging (DI) performed at CCRMC. (When unable to place on patient's limb, the wristband will be provided to the patient or the patient's parent or designee to hold or with the patient's nursing paperwork, as deemed applicable.)
   1. Patients receiving services in the Ambulatory Care Health Centers will not receive an identification wristband.

E. Staff will inform the patient or the patient's parent or designee:
   1. Wristband must remain on until the end of the visit; which includes lab and x-ray.
   2. Patient or patient's parent or designee can ask staff to remove wristband at the end of the visit.
      a. Wristband will be removed and placed in the confidential shred bin for appropriate disposal.
   3. Patient or patient's parent or designee can remove wristband at home and dispose of accordingly.

F. Staff will be responsible for verifying the patient's identity prior to rendering care, performing diagnostic studies, giving medication and treatments by:
   1. Asking the patient or patient's parent or designee to state his/her name and date of birth (DOB) prior to treatment.
   2. Compare wristband information to the verbal information provided by the patient or patient's parent or designee for patients receiving services in ED, PES, L&D, OPS, Inpatients and DI at CCRMC.

VI. FORMS

Attachment A – Acceptable Identification Requirements
Attachment B – New Photo ID Requirement Notice

APPROVED BY
Ambulatory Clinical Practice Committee: 12/2019, 7/2022
Ambulatory Policy Committee: 1/2020, 7/2022
Clinical Practice Committee: 8/2022
Patient Care Policy & Evaluation Committee: 9/2022
Medical Executive Committee:1/2020, 9/2022
Joint Conference Committee:

REVIEWED ACPC: 12/2009, 2/2012, 12/2012, 11/2016, 12/2019

REVISED ACPC: 8/2011, 12/2019

ACCEPTABLE IDENTIFICATION REQUIREMENT

Patients 18 years and older will be asked to provide government issued photo identification and/or documentation from the list specified below. Patients under 18 years of age, who are registering without a parent present may use a school identification card with a photo if it is available.

On the **original or a certified copy** of one of the following documents is acceptable:

- US Birth Certificate (certified copy from state or local Vital Statistics office)
- US Certificate of Birth Abroad or Report of Birth Abroad
- Federal Proof of Indian Blood Degree
- USCIS American Indian Card
- Birth Certificate or passport issued from a US Territory
- US Passport or US Passport Card
- US Military Identification Cards (Active or reserve duty, dependent of a military member, retired member, discharged from service, medical/religious personnel)
- Common Access Card (only if designated as Active military or Active Reserve or Active Selected Reserve)
- Certificate of Naturalization or Citizenship
- Northern Mariana Card
- USCIS US Citizen ID Card
- Permanent Resident Card
- Temporary Re4sident Identification Card
- Canadian Passport/Birth Certificate
- Non-Resident Alien Canadian Border Crossing Card
- Valid foreign passport with a valid Record of Arrival/Departure (form I-94)
- "Processed for I-551" stamped in a valid foreign passport
- Permanent Resident Re-entry Permit
- Refugee travel document
- Certified court order or judgment issue4d from a court of competent jurisdiction. Must contain name, birth date, place of birth, legal presence status, and judge's signature.
- Certification from California Department of Corrections or California Youth Authority
- Employment Authorization Card
- Valid I-94 stamped "Refugee," "Parole or Parolee," "Asylee," or Section 207, Section 08, Section 209, Section 212d(2), HP or PIP
- Valid I-94 with attached photo stamped "Processed for I-551 temporary evidence of lawful admission for permanent residence"
- Notice of Action (I-797 Approved Petition) – must indicate approved extension of stay of change in status that grants temporary or permanent residency, or indicates that an original, duplicate or renewal Resident Alien Card is forthcoming.
- Immigration judge's order granting asylum
- Mexican Border Crossing Identification card with valid I-94
- Consular ID card

APPROVED BY:

Clinical Practice Committee: 8/2022
Patient Care Policy & Evaluation Committee: 9/2022
Medical Executive Committee: 9/2022
Joint Conference Committee:

CONTRA COSTA
HEALTH SERVICES

PHOTO I.D. REQUIREMENT

FOR YOUR PROTECTION AND FOR THE SECURITY OF YOUR MEDICAL INFORMATION, ALL PERSONS 18 YEARS AND OVER MUST PRESENT A GOVERNMENT ISSUED PHOTO IDENTIFICATION CARD WHEN PRESENTING FOR SERVICES AT ALL CONTRA COSTA COUNTY HEALTH CENTERS.

REQUISITOS PARA LA IDENTIFICACION CON FOTO

PARA SU PROTECCIÓN Y SEGURIDAD DE SU INFORMACIÓN MÉDICA, TODAS LAS PERSONAS DE 18 AÑOS DE EDAD Y MAYORES TENDRAN QUE PRESENTAR UNA IDENTIFICACIÓN GUBERNAMENTAL CON FOTO CUANDO ASISTAN A CUALQUIERA DE LOS CENTROS DE SALUD DEL CONDADO DE CONTRA COSTA.

APPROVED BY:
Clinical Practice Committee: 8/2022
Patient Care Policy & Evaluation Committee: 9/2022
Medical Executive Committee: 9/2022
Joint Conference Committee:

Charity Care Program

I. PURPOSE

This policy defines the process for determining when qualified low income uninsured and underinsured patients of the Contra Costa Regional Medical Center (CCRMC) and Health Centers (HCs) are eligible to receive fully discounted (free) medical care.

II. REFERENCES

California Assembly Bill AB 774 – Hospital Fair Pricing Policies
California Assembly Bill AB 532 – Fair Billing Policies
California Code of Civil Procedure, Section 685.010
California Health and Safety Code, Sections 127400-127455
California Constitution, Article XV, Section 1

III. POLICY

Contra Costa Health Services operates a number of programs and services to help qualifying individuals minimize the financial burden associated with the cost of obtaining medical treatment

1. The Financial Counseling Department helps eligible patients gain access to government sources of medical assistance including Medi-Cal, Family PACT, or other health coverage programs including health insurance through Covered California.

2. The Basic Health Care Program is temporary health coverage program for low-income, uninsured United States citizens or legal permanent residents of Contra Costa County whose household financial resources and/or income does not exceed 300% of the federal poverty level.

3. The Sliding Fee Scale Program allows patients to share in the cost of services based on their ability to pay. This program is offered to uninsured patients whose household income does not exceed 200% of the federal poverty level.

Patients who are not eligible for any of these health coverage programs may financially qualify for fully discounted medical care under the Charity Care Program**.** This policy outlines the process used by Contra Costa Health Services to determine a patient's eligibility for the Charity Care Program.

DEFINITIONS

Uninsured patients are individuals who do not have third-party coverage from a health insurer, health care service plan, Medicare, Medi-Cal, or Basic Health Care and whose injury is not compensated under a Worker's Compensation plan, automobile insurance, or other insurance as determined and documented by CCRMC and HCs. Patients who have reached a lifetime limit on their insurance benefits will be considered uninsured for services in excess of that limit.

Underinsured patients are patients who have third party insurance coverage but are considered to have high medical costs because they have annual out-of-pocket medical expenses that

exceed the lesser of 10% of the patient's current family income or family income in the prior twelve months and their family income does not exceed 400% of the federal poverty level.

IV. AUTHORITY/RESPONSIBILITY

Health Services Administrator-Financial Counseling
Director of Patient Accounting

V. PROCEDURE

Uninsured or underinsured individuals who do not qualify for government sponsored health benefits, or Basic Health Care may qualify for fully discounted medical care under the Charity Care Program. Eligibility for this program is based on family income limitations and high out-of-pocket medical expenses.

A. Determining Patient Eligibility

The Financial Counseling Department will determine an applicant's eligibility for the Charity Care Program based on a review of the patient's monetary assets and family income. Documentation of income is limited to recent pay stubs or a written self-attestation of earned income if self-employed, and statements from financial institutions.

Uninsured patients are financially qualified to obtain fully discounted medical care when their family income is at or below 400% of the federal poverty level and their net assets do not exceed $2,000 for an individual or $3,000 per family. When determining eligibility, the first $10,000 of a patient's assets and 50% of a patient's monetary assets above $10,000 may not be considered.

Monetary assets are assets that are readily convertible to cash, such as bank accounts and publicly traded stock. Retirement plans, deferred compensation plans qualified under the Internal Revenue Code, and nonqualified deferred compensation may not be considered, nor can an individual's primary residence. However, individuals who own additional property will not be eligible for the Charity Care Program.

Underinsured patients are financially qualified to obtain fully discounted medical care if they do not receive a discounted rate on their medical bill as a result of third-party coverage, if their family income is at or below 400% of the federal poverty level, if their net assets do not exceed $2,000 for an individual or $3,000 per family, and if they have out-of-pocket medical expenses in the prior 12 months (whether or not at CCRMC and HCs that exceeds 10% of the family's income. Underinsured individuals may be asked to provide documentation for expenses incurred outside of CCRMC and HCs the prior twelve months.

Patients must apply for Charity Care eligibility within 180 days of initial billing. Eligibility for fully discounted medical care will be denied if the applicant does not financially qualify or does not provide the required documentation within 180 days of the initial billing. If the patient makes a reasonable effort to obtain documentation but is unable to do so through no fault of his/her own, an attempt will be made to make an eligibility determination without such documentation.

Requests initiated beyond 180 days of initial billing will be denied.

Applicants will be allowed to appeal any denial of eligibility to the Director of Patient Financial Services.

Information concerning income or assets obtained as part of the eligibility process will be maintained in a separate file from the file used to collect the debt. This information will not be used for collection activities.

B. Limitations on Patient Liability

Once CCRMC and HCs accepts a patient, all services furnished to that patient during a particular hospital stay or outpatient visit are subject to the fully discounted medical care policy. This includes emergency services provided by an emergency physician and medically unnecessary services or procedures.

Patients must apply for Charity Care eligibility within 180 days of initial billing. Requests initiated beyond 180 days of the initial billing will not be considered, and the patient will be fully liable for all charges associated with the services rendered.

a. Ineligible uninsured patients will be billed for the cost of all medical care received from CCRMC and HCs.

b. Ineligible underinsured patients will be billed for any unpaid balance after their third-party insurance payment has been received.

Eligibility for fully discounted medical care will be denied if the applicant does not financially qualify or does not make a reasonable effort to provide the required documentation within 180 days of the initial billing.

Applicants will be allowed to appeal any denial of eligibility to the Director of Patient Financial Services.

C. Providing Notices

1. **Written Notice to Patients:** The initial billing to a patient classified as uninsured or underinsured will be accompanied by:

    a. A statement of charges.

b. A request that the patient inform the Patient Accounting Department if he/she has health insurance coverage or other coverage

c. A statement that the individual may be eligible for Medicare, Healthy Families, Medi-Cal, Family PACT, Basic Health Care or Covered California.

d. Information advising the patient that he/she may qualify for fully discounted medical care or a partial discount on their medical bill based on family income limitations and high out-of-pocket medical expenses.

e. Information advising the patient on where to call to obtain assistance in applying for these programs.

Patients are classified as uninsured if they do not have third-party coverage or have not provided evidence of third-party coverage at the time of service. A patient with third-party coverage will be considered underinsured for billing purposes after the insurance has paid or been denied and the balance becomes the responsibility of the patient.

2. **Posted Notices:** Information about the availability of financial assistance for financially qualified patients of CCRMC and HCs will be posted in locations visible to the public including, but not limited to:

a. The CCRMC Emergency Department.

b. The Patient Financial Services Office.

c. The CCRMC Admissions Office.

d. Outpatient settings including the Health Centers and ancillary departments furnishing services to outpatients.

D. <u>Limits on Debt Collection</u>

Neither CCRMC and HCs, the assignee of an account, nor a collection agency may, within 180 days of initial billing, report adverse information to a consumer credit reporting agency concerning, or commence a civil action against, a patient who lacks coverage or provides information that he or she may be a patient with high medical costs.

Unpaid bills will not be sent to a collection agency while the patient is attempting to qualify for eligibility in the Charity Care Program.

Qualifying uninsured patients will not be billed for the cost of any medical care received from CCRMC and HCs.

Qualifying underinsured patients will not be billed for any unpaid balance after their third-party insurance payment is received.

CCRMC and HCs will provide written notice to the patient before beginning collection activity. The assignee of the debt, such as a collection agency, must also provide written notice before it begins collection activity. The notice must include information about debt collection activities including the patient's rights, and a statement about the availability of nonprofit credit counseling services in the area.

Income or asset information obtained during the eligibility process may not be used for collection activities.

E. Reimbursing Overcharges to Patients

Any amount collected from a qualified patient in excess of the amount due under the terms of the Charity Care Policy will be refunded with interest at the rate provided in Section 685.010 of the California Code of Civil Procedure, currently set at 10 percent annually.

VI. RESPONSIBLE STAFF PERSONS

Health Services Fiscal Manager
Health Services Administrator – Financial Counseling

VII. ATTACHMENTS

A. Contra Costa Regional Medical Center and Health Centers Program Eligibility Review Process
B. Notice to Patients – English and Spanish

AUTHORED BY

Health Services Fiscal Manager
Health Services Administrator – Financial Counseling

APPROVED BY

Health Services Fiscal Manager
Health Services Administrator – Financial Counseling
Director of Patient Financial Services
Registration and Staffing Manager
Clinical Practice Committee
Patient Care Policy & Evaluation Committee
Medical Executive Committee

REVIEWED/REVISED: 4/2022

Contra Costa Regional Medical Center (CCRMC) and Health Centers (HCs)
Program Eligibility Review Process

CCRMC and HCs has developed an application and eligibility review process that screens all applicants for eligibility in public health coverage programs including Medi-Cal and Family PACT. Applicants who are determined to be ineligible for public health coverage programs are automatically screened for eligibility in the following programs available through Contra Costa Health Services: Basic Health Care, the Sliding Fee Scale Program, the Charity Care Program, and the Discount Payment Program.

This review process is designed so that one application form can be used to determine eligibility for applicable program coverage. Program eligibility is based on a combination of family size, income, assets, and residency requirements. The eligibility requirements of the various programs are summarized in the table below.

Program Name / ***Eligibility Requirements***	**Basic Health Care Program (BHC)**	**Sliding Fee Scale Program**	**Charity Care Program**	**Discount Payment Program**
County Resident	Yes	No	Yes	No
Citizenship	Adults must be US Citizens or legal permanent residents. Children under age 19 may apply regardless of immigration status.	None	None	None
Income	Maximum 300% of FPL	Maximum 200 % of FPL	Maximum 400% of FPL	Maximum 400% of FPL
Assets Test	$2,000 individual; $3,000 family	None	$2,000 individual; $3,000 family	None
Age Restriction	None	None	None	None
Other			Out of pocket medical expenses in the prior 12 months exceed 10% of family income	Out of pocket medical expenses in the prior 12 months exceed 10% of family income

Basic Health Care (BHC): Basic Health Care is a temporary health coverage program for low-income, uninsured United States citizens or permanent legal residents of Contra Costa County. Eligible applicants must be a legal permanent resident of Contra Costa whose household financial resources and/or income does not exceed 300 percent of the federal poverty level, and whose liquid assets including retirement accounts do not exceed $2000 for an individual or $3000 for a family.

Sliding Fee Scale Program: This program is intended to minimize financial barriers for homeless individuals and families with incomes at or below 200% of the federal poverty level. This allows individuals and families to receive health care services for a fee that is adjusted based on their ability to pay.

Charity Care Program: Uninsured or underinsured individuals who do not qualify for government sponsored health benefits or Basic Health Care programs may qualify for fully discounted (free) medical care under the Charity Care Program. This program is only available to residents of Contra Costa County.

Uninsured patients are financially qualified to receive fully discounted (free) medical care when their family income is at or below 150% of the federal poverty level and their net allowable assets do not exceed $2,000 for an individual or $3,000 per family.

Underinsured patients are financially qualified to receive fully discounted (free) medical care if they do not receive a discounted rate on their medical bill as a result of third-party coverage, if their family income is at or below 150% of the federal poverty level, if their net assets do not exceed $2,000 for an individual or $3,000 per family, and if they have out-of-pocket medical expenses in the prior 12 months (whether or not at CCRMC and HCs) that exceeds 10% of the family income.

Discount Payment Program: Uninsured or underinsured individuals who do not qualify for government sponsored health benefit, Basic Health Care, or the Charity Care programs may qualify for partially discounted medical care under the Discount Payment Program. There is no assets test and no residency or citizenship requirement.

Uninsured patients are financially qualified to receive a discount on their medical bills when their family income is at or below 350% of the federal poverty level.

Underinsured patients are financially qualified to receive a discount on their medical bills if they do not receive a discounted rate on their medical bill as a result of third-party coverage, if their family income is at or below 350% of the federal poverty level, and if they have out-of-pocket medical expenses in the prior 12 months (whether or not at CCRMC and HCs) that exceeds 10% of the family income.

NOTICE TO PATIENTS:

This medical facility serves all patients regardless of ability to pay. Financial Counseling Department helps eligible patients gain access to government sources of medical assistance including Medi-Cal, Family PACT, or other health coverage programs including health insurance through Covered California. Discounts for essential services are offered based on family size and income.

For more information, please *contact a Financial Counselor at (800) 771-4270.*

For questions about the billing and payment process, contact the Health Consumer Alliance https://healthconsumer.org

Thank you.

AVISO A LOS PACIENTES:

Este centro médico sirve a todos los pacientes, independientemente de la capacidad de pago.

El Departamento de Consejeros Financieros ayuda a los pacientes que sean elegibles a obtener acceso a fuentes gubernamentales de asistencia médica, incluyendo Medi-Cal, Family PACT y otros programas de cobertura médica, incluyendo el seguro médico a través de Covered California.

Se ofrecen descuentos para los servicios esenciales dependiendo del tamaño de la familia y de los ingresos.

Para más información, por favor contactar a
Los Consejeros Financieros llamando al (800) 771-4270.

Si tiene preguntas sobre el proceso de facturación y pago, comuníquese con Health Consumer Alliance https://healthconsumer.org

Gracias.

Discount Payment Program

I. PURPOSE

This policy defines the process for determining when qualified low income uninsured and underinsured patients of the Contra Costa Regional Medical Center (CCRMC) and Health Centers (HCs) are eligible to receive a partial discount on their medical care.

II. REFERENCES

California Assembly Bill AB 774 – Hospital Fair Pricing Policies
California Assembly Bill AB532 – Fair Billing Policies
California Code of Civil Procedure, Section 685.010
California Health and Safety Code, Sections 127400-127455
California Constitution, Article XV, Section 1

III. POLICY

Contra Costa Health Services operates a number of programs and services to help qualifying individuals minimize the financial burden associated with the cost of obtaining medical treatment.

1. The Financial Counseling Department helps eligible patients gain access to government sources of medical assistance including Medi-Cal, Family PACT, or other health coverage programs, including health insurance through Covered California.

2. The Basic Health Care Program is temporary health coverage program for low-income, uninsured United States citizens or legal permanent residents of Contra Costa County whose household financial resources and/or income does not exceed 300% of the federal poverty level.

3. The Sliding Fee Scale Program allows patients to share in the cost of services based on their ability to pay. This program is offered to uninsured and underinsured patients whose household income does not exceed 200% of the federal poverty level.

Patients who are not eligible for any of these health coverage programs or for free (Charity) care may financially qualify for partially discounted medical care under the Discount Payment Program**.** This policy outlines the process used by CCRMC and HCs to determine a patient's eligibility for the Discount Payment Program.

DEFINITION

Uninsured patients are individuals who do not have third-party coverage from a health insurer, health care service plan, Medicare, Medi-Cal, or Basic Health Care, and whose injury is not compensated under a Worker's Compensation plan, automobile insurance, or other insurance as determined and documented by CCRMC and HCs. Patients who have reached a lifetime limit on their insurance benefits will be considered uninsured for services in excess of that limit.

Underinsured patients are patients who have third party insurance coverage but are considered to have high medical costs because they have annual out-of-pocket medical expenses that exceed the lesser of 10% of the patient's current family income or family income in the prior twelve months, and their family income does not exceed 400% of the federal poverty level.

IV. AUTHORITY/RESPONSIBILITY

Health Services Administrator – Financial Counseling
Director of Patient Financial Services

V. PROCEDURE

Uninsured or underinsured individuals who do not qualify for government sponsored health benefits, Basic Health Care, Sliding Fee Scale Program, or free (Charity) care may qualify for partially discounted medical care under the Discount Payment Program. Eligibility for this program is based on family income limitations and high out-of-pocket medical expenses.

A. Determining Patient Eligibility

1. The Financial Counseling Department will determine an applicant's eligibility for the Discount Payment Program based on a review of the patient's monetary assets and family income. Documentation of income is limited to recent pay stubs or written self-attestation of earned income if self-employed, and statements from financial institutions.

2. Uninsured patients are financially qualified to obtain a discount on their medical bills when their family income is at or below 400% of the federal poverty level.

3. Underinsured patients are financially qualified to obtain a discount on their medical bills if they do not receive a discounted rate on their medical bill as a result of third-party coverage, if their family income is at or below 400% of the federal poverty level, and if they have out-of-pocket medical expenses in the prior 12 months (whether or not at CCHS) that exceed 10% of the family's current income. Underinsured individuals may be asked to provide documentation for expenses incurred outside of CCHS in the prior twelve months.

4. Patients must apply for Discount Payment eligibility within 180 days of initial billing. Eligibility for partially discounted medical care will be denied if the applicant does not financially qualify or does not provide the required documentation within 180 days of the initial billing. If the patient makes a reasonable effort to obtain documentation but is unable to do so through no fault of his/her own, an attempt will be made to make an eligibility determination without such documentation.

5. Requests initiated beyond 180 days of initial billing will be denied.

6. Applicants will be allowed to appeal any denial of eligibility to the Director of Patient Financial Services.

7. Information concerning income obtained as part of the eligibility process will be maintained in a separate file from the file used to collect the debt. This information will not be used for collection activities.

B. Limitations on Patient Liability

1. Once CCRMC and HCs accepts a patient, all services furnished to that patient during a particular hospital stay or outpatient visit are subject to the Discount Payment Program policy. This includes emergency services provided by an emergency physician and medically unnecessary services or procedures.

2. Patients must apply for Discount Payment Program eligibility within 180 days of initial billing. Requests initiated beyond 180 days of the initial billing will not be considered, and the patient will be fully liable for all charges associated with the services rendered.

   a. Ineligible uninsured patients will be billed for the cost of all medical care received from **CCRMC and HCs**.

   b. Ineligible underinsured patients will be billed for any unpaid balance after their third-party insurance payment has been received.

3. Eligibility for partially discounted medical care will be denied if the applicant does not financially qualify or does not make a reasonable effort to provide the required documentation within 180 days of the initial billing.

4. Applicants will be allowed to appeal any denial of eligibility to the Director of Patient Financial Services.

C. Providing Notices

1. **Written Notice to Patients:** The initial billing to a patient classified as uninsured or underinsured will be accompanied by:

   a. A statement of charges.

   b. A request that the patient inform the Patient Accounting Department if he/she has health insurance coverage or other coverage.

   c. A statement that the individual may be eligible for Medicare, Medi-Cal, Family PACT, Basic Health Care or Covered California.

   d. Information advising the patient that he/she may qualify for fully discounted medical care or a partial discount on their medical bill based on family income limitations and high out-of-pocket medical expenses.

e. Information advising the patient on where to call to obtain assistance in applying for these programs.

Patients are classified as uninsured if they do not have third-party coverage or have not provided evidence of third-party coverage at the time of service. A patient with third-party coverage will be considered underinsured for billing purposes after the insurance has paid or been denied and the balance becomes the responsibility of the patient.

2. **Posted Notices:** Information about the availability of financial assistance for financially qualified patients of CCRMC and HCs will be posted in locations visible to the public including, but not limited to:

   a. The CCRMC Emergency Department.

   b. The Patient Financial Services Office.

   c. The CCRMC Admissions Office.

   d. Outpatient settings including the Health Centers and ancillary departments furnishing services to outpatients.

3. **Limits on Debt Collection**
   Neither CCRMC and HCs, the assignee of an account, nor a collection agency may, within 180 days of initial billing, report adverse information to a consumer credit reporting agency concerning, or commence a civil action against, a patient who lacks coverage or provides information that he or she may be a patient with high medical costs.

   The expected payment from a patient eligible under the Discount Payment Program is limited to the ***greater*** of the amount of payment the hospital would receive for providing services from Medicare, Medi-Cal, or any other government-sponsored health program in which CCHS participates.

   Medi-Cal has been identified as the highest paying program in which CCRMC and HCs participates. Therefore, qualifying uninsured individuals will have their medical bills discounted to the comparable amount paid by Medi-Cal, which pays 65% of total charges for both inpatient and outpatient services. Therefore, all eligible individuals will receive a 35% discount on their medical bills.

   Qualifying underinsured individuals will also have the applicable Medi-Cal discount applied to their medical bills. These individuals will be liable for the difference between what the individual's insurance pays and the discounted Medi-Cal rate. (For example, if the patient's insurance pays $4,000 on a $10,000 inpatient medical bill, but the expected Medi-Cal payment is $6,500 for the same service, the initial $6,000 patient liability will be reduced to $2,500 – the difference between the expected Medi-Cal payment and the patient's

third-party insurance payment. Conversely, if the insurance payment exceeds the expected Medi-Cal payment, no payment will be sought from the patient).

Unpaid bills will not be sent to a collection agency while the patient is attempting to qualify for eligibility in the Discount Payment Program, or if the patient is attempting in good faith to negotiate a reasonable payment plan.

Individuals qualifying for the Discount Payment Program will be offered interest-free extended payment plans. The terms of the payment plan will be negotiated between CCRMC and HCs and the patient.

CCRMC and HCs can declare the payment plan inoperative if the patient fails to make all consecutive payments during a 90-day period. Prior to doing so CCRMC and HCs must:

a. Attempt to contact the patient by telephone at the patient's last known phone number.

b. Give notice in writing that the plan may become inoperative. This may be sent to the patient's last known address.

c. Inform the patient of the opportunity to renegotiate the payment plan and attempt to do so if requested by the patient.

Until the plan is declared inoperative, no report may be made to a consumer credit reporting agency and no civil action may commence.

CCRMC and HCs will not use wage garnishments or liens on primary residences as a means of collecting the unpaid bills of any individual who qualifies for the Discount Payment Program.

CCRMC and HCs will provide written notice to the patient before beginning collection activity. The assignee of the debt, such as a collection agency, must also provide written notice before it begins collection activity. The notice must include information about debt collection activities including the patient's rights, and a statement about the availability of nonprofit credit counseling services in the area.

Income or asset information obtained during the eligibility process may not be used for collection activities.

D. Reimbursing Overcharges to Patients

Any amount collected from a qualified patient in excess of the amount due under the terms of the Discount Payment Policy will be refunded with interest at the rate provided in Section 685.010 of the California Code of Civil Procedure, currently set at 10 percent annually.

VI. RESPONSIBLE STAFF PERSON

Health Services Fiscal Manager
Health Services Administrator – Financial Counseling

VII. ATTACHMENTS

A. Contra Costa Regional Medical Center and Health Centers Program Eligibility Review Process
B. Notice to Patients – English and Spanish

AUTHORED BY
Health Services Fiscal Manager
Health Services Administrator – Financial Counseling

APPROVED BY
Health Services Fiscal Manager
Health Services Administrator – Financial Counseling
Director of Patient Financial Services
Registration and Staffing Manager
Clinical Practice Committee
Patient Care Policy & Evaluation Committee: 7/2022
Medical Executive Committee

REVIEWED/REVISED
04/2022

Contra Costa Regional Medical Center (CCRMC) and Health Centers (HCs)
Program Eligibility Review Process

CCRMC and HCs has developed an application and eligibility review process that screens all applicants for eligibility in public health coverage programs including Medi-Cal and Family PACT. Applicants who are determined to be ineligible for public health coverage programs are automatically screened for eligibility in the following programs available through Contra Costa Health Services: Basic Health Care, the Sliding Fee Scale Program, the Charity Care Program, and the Discount Payment Program.

This review process is designed so that one application form can be used to determine eligibility for applicable program coverage. Program eligibility is based on a combination of family size, income, assets, and residency requirements. The eligibility requirements of the various programs are summarized in the table below.

Program Name / ***Eligibility Requirements***	**Basic Health Care Program (BHC)**	**Sliding Fee Scale Program**	**Charity Care Program**	**Discount Payment Program**
County Resident	Yes	No	Yes	No
Citizenship	Adults must be US Citizens or legal permanent residents. Children under age 19 may apply regardless of immigration status.	None	None	None
Income	Maximum 300% of FPL	Maximum 200 % of FPL	Maximum 400% of FPL	Maximum 400% of FPL
Assets Test	$2,000 individual; $3,000 family	None	$2,000 individual; $3,000 family	None
Age Restriction	None	None	None	None
Other			Out of pocket medical expenses in the prior 12 months exceed 10% of family income	Out of pocket medical expenses in the prior 12 months exceed 10% of family income

Basic Health Care (BHC): Basic Health Care is a temporary health coverage program for low-income, uninsured United States citizens or permanent legal residents of Contra Costa County. Eligible applicants must be a legal permanent resident of Contra Costa whose household financial resources and/or income does not exceed 300 percent of the federal poverty level, and whose liquid assets including retirement accounts do not exceed $2000 for an individual or $3000 for a family.

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Discount Payment Program: Uninsured or underinsured individuals who do not qualify for government sponsored health benefit, Basic Health Care, or the Charity Care programs may qualify for partially discounted medical care under the Discount Payment Program. There is no assets test and no residency or citizenship requirement.

Uninsured patients are financially qualified to receive a discount on their medical bills when their family income is at or below 350% of the federal poverty level.

Underinsured patients are financially qualified to receive a discount on their medical bills if they do not receive a discounted rate on their medical bill as a result of third-party coverage, if their family income is at or below 350% of the federal poverty level, and if they have out-of-pocket medical expenses in the prior 12 months (whether or not at CCRMC and HCs) that exceeds 10% of the family income.

NOTICE TO PATIENTS:

This medical facility serves all patients regardless of ability to pay. Financial Counseling Department helps eligible patients gain access to government sources of medical assistance including Medi-Cal, Family PACT, or other health coverage programs including health insurance through Covered California. Discounts for essential services are offered based on family size and income.

For more information, please *contact a Financial Counselor at (800) 771-4270.*

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Thank you.

AVISO A LOS PACIENTES:

Este centro médico sirve a todos los pacientes, independientemente de la capacidad de pago.

El Departamento de Consejeros Financieros ayuda a los pacientes que sean elegibles a obtener acceso a fuentes gubernamentales de asistencia médica, incluyendo Medi-Cal, Family PACT y otros programas de cobertura médica, incluyendo el seguro médico a través de Covered California.

Se ofrecen descuentos para los servicios esenciales dependiendo del tamaño de la familia y de los ingresos.

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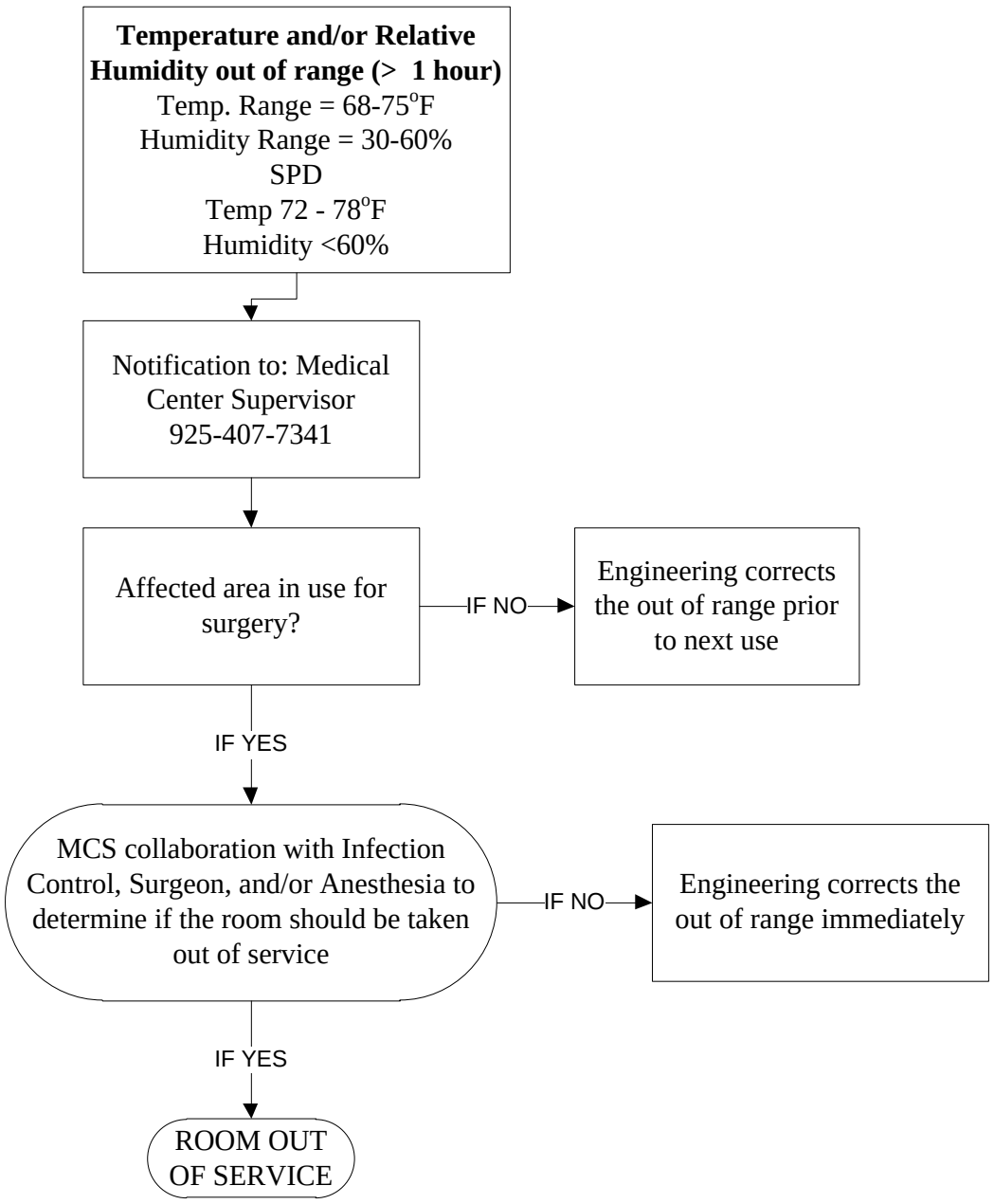
Los Consejeros Financieros llamando al (800) 771-4270.

Si tiene preguntas sobre el proceso de facturación y pago, comuníquese con Health Consumer Alliance https://healthconsumer.org

Gracias.

TEMPERATURE AND RELATIVE HUMIDITY MANAGEMENT



July 2022

BETWEEN MEAL NOURISHMENTS

I. PURPOSE:

To provide nutritional care as consistent with the nutrition prescription.

II. AUTHORITY/RESPONSIBILITY:

Food & Nutrition Services Leadership & Personnel

III. POLICY:

Food and Nutrition Services will serve nourishments routinely to patients who require between-meal feedings and/or evening snacks.

IV. PROCEDURE:

a. Requester: The Physician, Nurse, Dietitian or Nutrition Assistant may request between-meal nourishments for patients.
b. Diet Office Staff Member: The Diet Office will perform the following duties:
    i. Initiate the nourishment list and labels for requested between-meal snacks.
    ii. Update the nourishment list as changes occur (discharges, changes, NPO status).
c. Food Service Worker: The food service worker will perform the following duties:
    i. Prepare nourishments for the morning, afternoon, and evening deliveries.
    ii. Date and label all nourishments with the patient's name, room number, and birthdate.
    iii. Deliver nourishments promptly to patient care units at designated time(s), or store them in the patient unit refrigerators/freezers for future consumption.
    iv. Discard unused nourishments left in patient unit refrigerators the previous day.

REFERENCES:

TJC
California Code of Regulations, Title 22, Items 70273(a1-4)

APPROVED:

Patient Care Policy & Evaluation Committee: 9/2022
Medical Executive Committee 6/2018, 9/2022
1/1998

REVIEWED:

3/2018

REVISED:
2/2007, 3/2009, 6/2009, 11/2013, 5/2016, 3/2018, 7/2022


The Joint Commission
Triennial Accreditation
Survey
Contra Costa
Regional Medical Center
& Health Centers
A Division of Contra Costa Health Services

Situation

- CCRMC & HC - The Joint Commission (TJC) triennial accreditation survey.
  - Survey window: February 23, 2022 – August 23, 2022
  - Due to the COVID-19 pandemic, TJC and other regulators immediately suspended their on-site survey activities and resumed those activities in 2022. As expected, this has created a backlog of on-site surveys for TJC to conduct.

Survey Focus

- Center for Medicare and Medicaid Services (CMS) has provided TJC with directive to improve its performance in identifying regulatory deficiencies.
- Anticipated areas of survey focus:
  - Infection Prevention & Control
  - Patient Safety
  - Environment of Care

CCRMC & HC tools survey readiness:

- Intentional Rounding by Leadership team
- Patient chart reviews on care provided and experience
- Case studies to further educate frontline staff
- Daily oversight of completed and pending work orders
- Provide management staff with on-going updates and guidance on survey preparedness

CCRMC & HC during support:

- System Capability to Facilitate Survey
  - Command Center established
    - Team designated to effectively manage the survey with an organization wide focus
  - Identified Subject Matter Experts to support surveyor activities

Challenges

- Policy management process
  - In need of Policy Management software
- Completion of workorders for infection prevention purposes
  - In need of dedicated staff to support workorder completion
- Procurement process for clinical supplies to provide safe and effective care
  - In need of staffing and streamlined county-wide process


The Joint Commission
Annual Contract Quality Assurance Report
Contra Costa
Regional Medical Center
& Health Centers
A Division of Contra Costa Health Services

Non-MD Clinical Contract Services Quality Assurance Report - 2022

VENDOR NAME	DEPARTMENT	MONITOR	TYPE OF SERVICE	CONTRACT #	QA Language in contract	OR Letter sent to contractor	Recommend renewal?
Cardionet	Cardiopulmonary	Edward Saliba	Cardiac monitoring	26-784-12	N		N
Per Diem Staffing System	Cardiopulmonary	Edward Saliba	Respiratory staffing	26-306-24	Y		Y
VANCHCS	Diagnostic Imaging	Angela Womble	Nuclear medicine	26-346-27	Y		Y
Virtual/Radiologic Professionals of CA (formerly Nighthawk Radiology Svcs)	Diagnostic Imaging	Angela Womble	Teleradiology	26-515-17	Y		Y
Emerald (Encore) Textile Services, LLC (formerly Oceanside Laundry)	Environmental Svcs	Ronny Leffel	Linen rental/cleaning	26-776-07	Y		Y
Donor Network West	Hospital Admin.	Nancy Hendra	Organ procurement services	26-358-08	N	8/2021	Y
ProTransport	Hospital Admin.	Karin Stryker	Non-emergent patient transport	26-891-08	Y		Y
American Red Cross	Laboratory	Sam Ferrell	Total blood & blood component svcs	26-338-23	Y		Y
Lab Corp of America	Laboratory	Sam Ferrell	HPV	76-556-04	N	Ltr sent 7/12/22	Y
Machaon Diagnostics, Inc	Laboratory	Sam Ferrell	Reference Lab	26-200-5	Y		Y
Monogram Bio Sciences	Laboratory	Sam Ferrell	HIV	26-791-02	Y		Y
NeoGenomics Laboratory	Laboratory	Sam Ferrell	Outside lab testing	76-558-01	N	Ltr sent 6/23/22	Y
Prometheus	Laboratory	Sam Ferrell	Reference lab	76-564-01	N	Ltr sent 6/24/22	Y
Santa Clara Valley Med Ctr	Laboratory	Sam Ferrell	Neonatal toxicology lab testing	26-658-08	N	Ltr sent 6/23/22	Y
Specialty Lab (Quest Diagnostic)	Laboratory	Sam Ferrell	Outside clinical lab	26-583-32	N	Ltr sent 6/23/22	Y
UCSF Dermatopathology and Oral Pathology	Laboratory	Sam Ferrell	Reference lab - skin disease	26-764-08	N	Ltr sent 6/23/22	Y
All Health Services	Nursing	Nancy Hendra	Health care staffing	26-577-21	Y		Y
Apheresis Care Grp (frmly Bay Area Mobile Apheresis)	Nursing	Nancy Hendra	Therapeutic apheresis	26-362-12	N	Ltr sent 6/17/22	Y
AYA Healthcare Inc (DBA: Access Nurse)	Nursing	Nancy Hendra	Health care staffing	26-458-32	Y		Y
Cross Country Staffing Inc (DBA: Medical Staffing Network)	Nursing	Nancy Hendra	Health care staffing	26-347-41	Y		Y
Maxim Healthcare Services	Nursing	Nancy Hendra	Health care staffing	26-391-35	Y		Y
Medical Solutions, LLC	Nursing	Nancy Hendra	Health care staffing	26-745-10	Y		Y
Pediatrix Medical Group	Nursing	Nancy Hendra	Newborn hearing screening svcs	26-713-02	Y		Y
Per Diem Staffing System	Nursing	Nancy Hendra	Nurse staffing	26-306-24	Y		Y
Supplemental Health Care (AKA: SHC Svcs)	Nursing	Nancy Hendra	Health care staffing	26-473-31	Y		Y
Sodexo - Nutrition	Nutrition Svcs	Stephanie Dockham	Nutrition management services	26-606-18	N	Letter sent 6/22/22	Y
Cardinal RX E-Source	Pharmacy	Shideh Ataii	Pharmacy review of after hours orders	26-492-19	Y		Y
Covelo (formerly MGA Healthcare)	Pharmacy	Shideh Ataii	Pharmacists/Tech staffing	26-644-26	Y		Y

Notes

1. Based on The Joint Commission's standard, LD.04.03.09.5: Leaders monitor contracted services by communicating the expectations in writing to the provider of the contracted service.
2. Contracts that need updated QA language will have that addressed at their next renewal; letters were sent to the vendors in the interim to meet TJC requirements.