



Welcome

***Joint Conference Committee
March 13, 2023***



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

A Division of Contra Costa Health Services

JCC Meeting Agenda



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

Date: March 13, 2023
 Subject: Meeting Notice
 Joint Conference Committee

JOINT CONFERENCE COMMITTEE AGENDA

March 13, 2023, from 1:00 – 2:00 pm

The public may attend this meeting in person at the following locations:
 Conference room 1, Martinez Medical Office Building 2500 Alhambra Ave., Martinez, CA 94553

or
 11780 San Pablo Ave., Suite D, El Cerrito, CA 94530

or
 190 E. 4th Street, Pittsburg, CA 94565, large conference room

The public also may attend this meeting remotely VIA ZOOM WEBINAR or call-in: Instructions on Page Three of This Agenda

Members: voting – board of supervisors (2); medical executive committee members (2); non-voting: CCRMC medical staff president (1); Contra Costa Director Health services (1); CCRMC administrator (1); Health services chief financial officer (1); CCRMC Chief Medical Officer (1); CCRMC Chief Nursing Officer (1)

Staff: Chief Quality officer, Medical Director Quality

AGENDA ITEM	RECOMMENDATION
I. CALL TO ORDER and INTRODUCTIONS Meeting Chair- Supervisor John Gioia, District I	Inform
II. APPROVAL OF MINUTES – September 26, 2022 Supervisor Gioia	Inform/Approval
III. PUBLIC COMMENT Supervisor Gioia <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to two minutes or less. Under State law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration.</i>	Inform

IV. GOVERNANCE Kristin Moeller, M.D., Medical Staff President A. Governing Authority Bylaws	Inform/Approval
AGENDA ITEM	RECOMMENDATION
V. ADMINISTRATIVE UPDATE Samir B. Shah, M.D., Chief Executive Officer/Chief Medical Officer A. QJP B. Diversity, Equity, Inclusion Update: CCRMC and clinics performance C. Ambulatory care productivity D. Infrastructure assessment, public work partnerships and timelines	Inform
VI. MEDICAL STAFF UPDATE Kristin Moeller, M.D., Medical Staff President A. Patient Care Policies for CCRMC/HCs	Inform/Approval
VII. QUALITY AND SAFETY UPDATES Lisa Schilling, RN, Chief Quality Officer Courtney Beach, M.D., Medical Director Quality A. QAPI 2022 evaluation B. TJC Triennial findings summary C. Consent review: Antimicrobial stewardship program	Inform/Approval
VIII. ADJOURN	Inform
IX. NEXT MEETING: May 15, 2023	

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 Lisa Schilling Lisa.Schilling@cohealth.org 925-839-3348.

September 26, 2022 Approval of Minutes



JOINT CONFERENCE COMMITTEE

MINUTES

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

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

<p>VOTING MEMBERS PRESENT: Supervisor John Gioia, District I; Supervisor Diane Burgis, District 3; Katharine 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; 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; Roberto Vargas, Director of Safety and Performance Improvement; Gabriela Sullivan MD, Ambulatory and Specialty Medical Director; Erika Jessen, Assistant to the Health Services Director; Kimberly McCarl, Communications Officer; David Tava, Contractor; Jill Ray, Field Representative; Andrea Sandler MD, Associate Ambulatory Care Medical Director; David Runt, Chief Operators Officer; Enid Mendoza, CAO Representative for CCRMC/HCS; Helena Martey RN, Director of Ambulatory Nursing Operations; Ori Tzvieli MD, Contra Costa Health Officer; Shannon Dickerson, Quality Management Program Coordinator; Sonia Sutherland MD, Detention Medical Director; Will Harper, Communications Officer for CCRMC/HCS; William Walker, Government Representative; Brian Johnson MD; Sue Crosby; David Goldstein MD; Susanne Tavano; Stephen Field</p>	
AGENDA ITEM	RECOMMENDATION
<p>I. CALL TO ORDER AND INTRODUCTIONS Meeting Chair – Supervisor John Gioia, District I</p>	<p>Inform</p>
<p>II. APPROVAL OF MINUTES – June 27, 2022 Supervisor Gioia</p> <p>In open session, voting members of Contra Costa Regional Medical Center Joint Conference Committee voted to accept the June 27, 2022, Joint Conference Committee minutes.</p>	<p>Motion: By Burgis Seconded by Goheen</p> <p>AYES:</p> <p>Absent: None Abstain: None</p>
<p>III. PUBLIC COMMENT Supervisor Gioia</p> <p>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.</p> <p>No phone in callers or Zoom members today.</p>	<p>Inform</p>
<p>IV. ADMINISTRATIVE UPDATE Samir B. Shah, MD, Chief Executive Officer/Chief Medical Officer</p> <p>Dr. Shah provided an administrative update:</p>	<p>Inform</p>

Thank you to the leadership team throughout HSD; CCRMC Medical Director, Behavioral Director, Hospital and Clinics, Public Health, Communications Officer, and County Health Officer. All staff have worked hard for the last several years on community care and services and have done so well in supporting our patient population. I have enormous pride and respect for them for the enormous work they do. Thank you.

Supervisor Gioia spoke on behalf of the Board acknowledging the talent and professionalism of staff in making our health system one of the best. We continue to support a high-quality health department that others in the state do not have.

Dr. Shah: I was recently approached by a member of the community in San Pablo and thanked for the efficient vaccine process. The family are not members of CCHP but wanted to sign-up their family in our system.

Supervisor Burgis stated: in the last few years our system has been noticed because of the excellent role it plays and has created lots of opportunities to be pro-active. We continue to be ready for what may come and still move forward. I appreciate the excellence practiced every day.

Anna Roth: The 4 of 5 stars that CCHP earned is the highest CCHS has been scores. We were the top Medi-Cal plan and that is a testament to our most vulnerable population for this high honor. The frontline staff and the leaders need to be acknowledged.

Supervisor Gioia: We have a health plan, hospital and clinics in our community. We learn that county government is not the easiest place for a health system to operate. We will continue to improve and make it more efficient for our members.

A. Hospital Update

Sergio Urcuyo, M.D, Hospital Medical Director

- The daily census decreased in 2019. We are coming back and experiencing difficulties with staffing and shortages.
- Births: An increase in the past couple of years that we have not seen since 2016. Acuity is also increasing due to high-risk births. Staff burnout is increasing as we deal with more difficult cases.
- Emergency Room Arrivals: 2019 graph was not available, but we are improving over 2018-2019 operational difficulties.
- COVID-19 numbers still showing multiple positive patients.
 - 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, September 16 for patients, Monday, September 19 for staff.
- We are heading in right direction and seeing return to normal activities. Hospital and clinic settings show that COVID is not over. Return of patients gone during COVID period, staff have retired or left health care system. Staff are needed to fill those vacancies and it is more difficult to find people. Staff continue to work and do what they can to maintain and take care of patients in the system despite being short-staffed.
- Appreciate Board support and will continue to need the support during tough times.



Public Comment

***Joint Conference Committee
March 13, 2023***



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

A Division of Contra Costa Health Services

Governance Update

***Joint Conference Committee
March 13, 2023***



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

A Division of Contra Costa Health Services

Governing Bylaws for Approval



GOVERNING AUTHORITY BYLAWS

Contra Costa Regional Medical Center and Health Centers

Effective ~~January 2022~~ March 2023

CCRMC Update

***Joint Conference Committee
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**Contra Costa
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Quality Improvement Program (QIP)

Dr. Samir B. Shah

Quality Incentive Pool (QIP)

- ❖ QIP is a managed care directed payment program for California's public health care systems that converts funding from previously-existing **supplemental volume-based payments to value-based payments.**
- ❖ This pay-for-performance program ties the supplemental payment to performance on designated performance metrics in the following categories:
 - Primary Care Access and Preventative Care
 - Improving Health Equity
 - Behavioral Health
 - Care of Acute and Chronic Conditions (Diabetes, HIV, Cardiovascular, Respiratory)
 - Care Coordination
 - Experience in Care
 - Maternal and Perinatal Health
 - Patient Safety
 - Overuse/Appropriateness

QIP Population, Team Structure

- ❖ We have established multidisciplinary teams working on 42 quality measures. Each team is assigned to 1 or more quality measures and consist of executive sponsor, metric chief, project lead, nurse leadership, data steward/ improvement advisor, educator, informatics provider lead, and bi programmer.
- ❖ Team leads hold regular meetings with their teams to plan and monitor their improvement activities, and review their data and their action steps
- ❖ Executive leadership team meets weekly to review data, review the project updates, discuss the challenges, and determines the use of resources to mitigate the barriers.

QIP PY5 (1/1/2022-12/31/2022) Accomplishments

- ❖ We implemented improvement activities across the board, including increasing access to care, extensive outreach to our patients emphasizing on closing the disparity gap, using innovative methodologies to enhance the virtual visits efficacy, implementing evidence-based, standardized, technology-supported interventions, etc.
- ❖ We were able to realize all the allocated QIP PY5 Funding. (The required achievement value was 40 and we achieved 48).
- ❖ **We received 2022 CAPH/SNI Quality Leaders Award for Patient Engagement using Data Insights in the Population Health Category.**

QIP PY5 (1/1/2022-12/31/2022) Accomplishments

- ❖ Improved the Immunization for adolescents by 10.8% for general population, 11.1% for Hispanic/Latino population and by 3.8% for the African American population
- ❖ Improved the appropriate medication management for patients with **Asthma by 6.5%** in the general population, and by 5% for the African American population
- ❖ Improved the **Breast Cancer Screening by 4.5%** in the QIP population
- ❖ Improved the **Cervical Cancer Screening by 1%** in the QIP population, and by 1.3% in African American population
- ❖ Improved **BMI screening and follow up by 1.8%**, positively impacting over 4500 patients over 18 years of age.
- ❖ Increased **tobacco cessation interventions by 9.2% overall** , 9.1 in % in African American Population, and 8.8% in the Hispanic/Latino population

QIP PY5 (1/1/2022-12/31/2022) Accomplishments

- ❖ Improved the **poorly controlled diabetes by 2.2%** for total population, 3.4% for the African American population, and 1.7% for Hispanic/Latino population
- ❖ Improved the **Diabetes Kidney Evaluation by 5.2%** in the general population, by 6.4% for the African American population, and by 2.8% for Hispanic/Latino population
- ❖ Improved **Depression screening and follow up by 23% overall**, 21.4% in the Hispanic/Latino population and 19% in African American Population
- ❖ Improved the cholesterol medication management for diabetic patients and those at high risk for **cardiovascular events by 4.7%** in the general population, positively impacting more than 1700 patients
- ❖ Over 1300 more patients over 65 have an **advanced care plan** in their chart than in the previous year, a **13.2% increase**
- ❖ Improved **the hypertension control by 4.6 %** for general population, 6.4% for Hispanic/Latino population and by 2.8% for the African American population





DEI and Ambulatory Care Update

***Contra Costa Regional Medical
Center and Clinics***



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Improvements and Initiatives

- We are redesigning the Health Home Team for each provider. Moving forward, each provider will now have a dedicated MA/LVN to work with in a “dyad” format. This assistant will work both with the provider in clinic as well as manage the provider’s panel and help with administrative tasks. This innovation will allow for a team that has very close knowledge and familiarity with each provider’s panel.
- Primary care templates are also being simplified, standardized, and optimized for improved access and provider satisfaction. This has been a herculean undertaking and is still underway, rolling out across the system by region.
- New Geriatric service line is coming! We have hired a Geriatrician and will soon have “memory clinics.” We are applying to be recognized by the IHI as an “age-friendly health care system,” and are joining forces with the rest of the divisions to plan for increases and complexity in the ageing population of Contra Costa County.

Improvements and Initiatives

- We have been undergoing an extensive improvement project in the Appointment Unit. This has involved staffing analysis, key performance indicators, a data dashboard, and beyond the primary care template optimization, we are also undergoing a specialty template optimization.
- Marked improvements to the functionality of MyChart including the ability to schedule new specialty appointments through MyChart. Usage of MyChart by patients has increased substantially during the pandemic and has remained since.
- New Outreach Committee established to vet patient-facing communications strategies and workflows. We are pleased to highlight a patient representative on the committee.
- We are ready to embark on training on Collaborative Care for our Behavioral Health services through the grant we received from the Federal government. This will improve our tracking and outcomes for patients with mild-moderate behavioral health needs.



Equity Highlights CCRMC

Participants in **The Justice Collective** efforts with CCH: Charting a Pathway Forward towards an Effective, Equitable, Diverse and Inclusive Contra Costa Health

- **Sustained and committed funding and resources for DEI centered leadership and culture**
- **Transparent + clear recruitment and hiring at all levels of the organization**
- **Create and uphold a culture of safety (physical and psychological)**
- **Professional, equitable and sustainable retention, promotion, supervisory practices, and professional development. Remove nepotism, favoritism and fear of retribution**

Race/Ethnicity	County Population*	Overall Workforce**	CC Health Workforce
White	45.4%	53.1%	31.6%
Black	9.0%	8.3%	15.8%
Hispanic	25.5%	18.2%	22.6%
Asian	15.3%	18%	21.4%
Native Hawaiian/ Pacific Islander	0.5%	0.4%	1.5%
American Indian/ Alaska Native	0.3%	0.2%	0.5%
Two or More Races	4.0%	1.8%	6.7%

* California Department of Finance Population Projections: <https://www.dof.ca.gov/Forecasting/Demographics/Projections/>

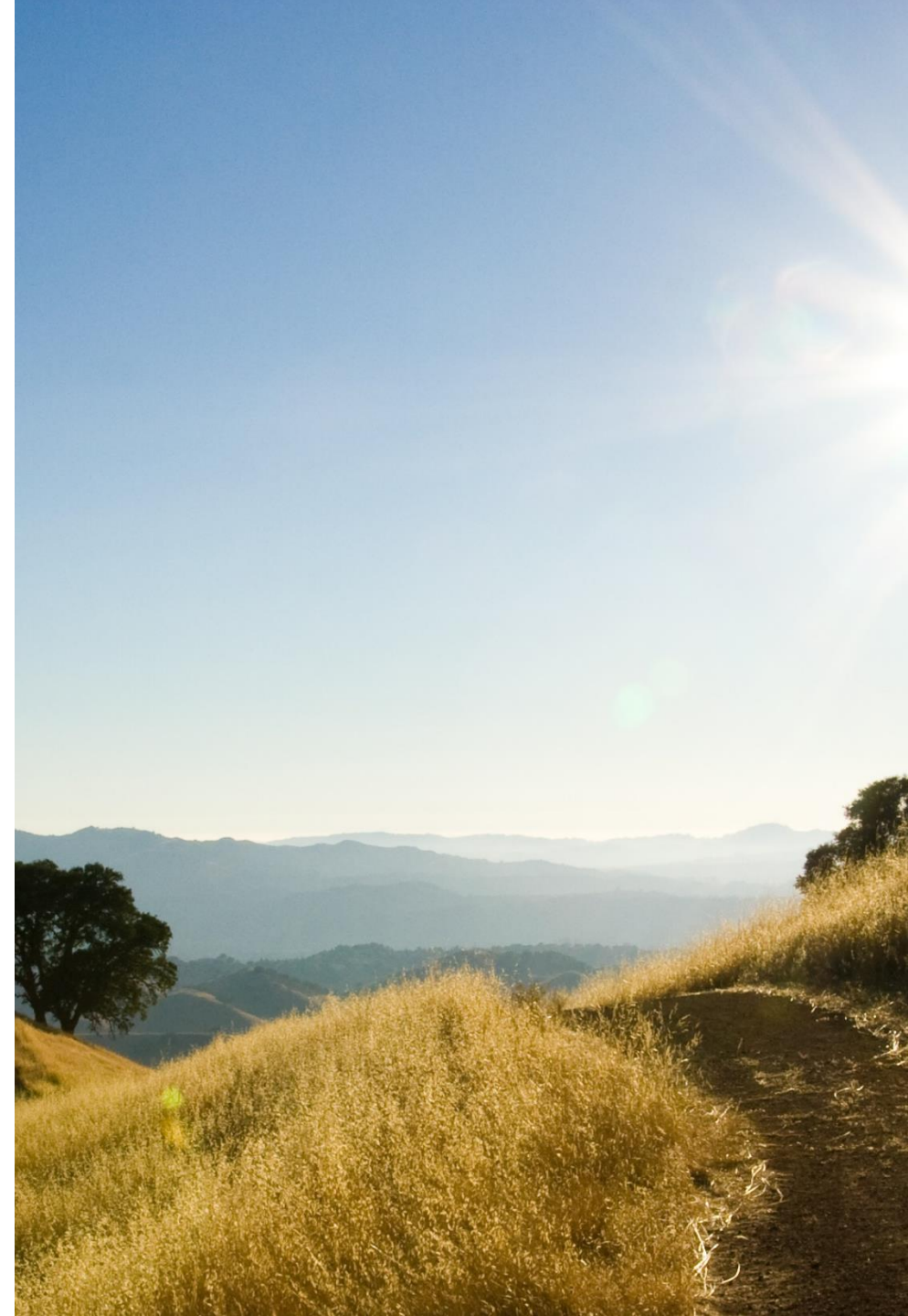
** County's Equal Employment Office 12/31/21

Equity Highlights: CCRMC

Participant in Safety Net Institute (SNI) Racial Equity Community of Practice with other safety net health systems across California, to review success and struggles in a peer-peer format

National Equity Board (NEP) coaching and mentoring at CCRMC

Eliminating Health Disparities Unit: In partnership with the Center for Human Development, Contra Costa Regional Medical Centers & Health Centers offers culturally and linguistically appropriate health navigation (assisting community members and patients with applying for public benefits, assistance with medical appointments, food, transportation), and linking patients to community resources, support and advocacy, as part of our efforts to eliminate health disparities and healthcare disparities.



Efforts to close the equity gap: patient care

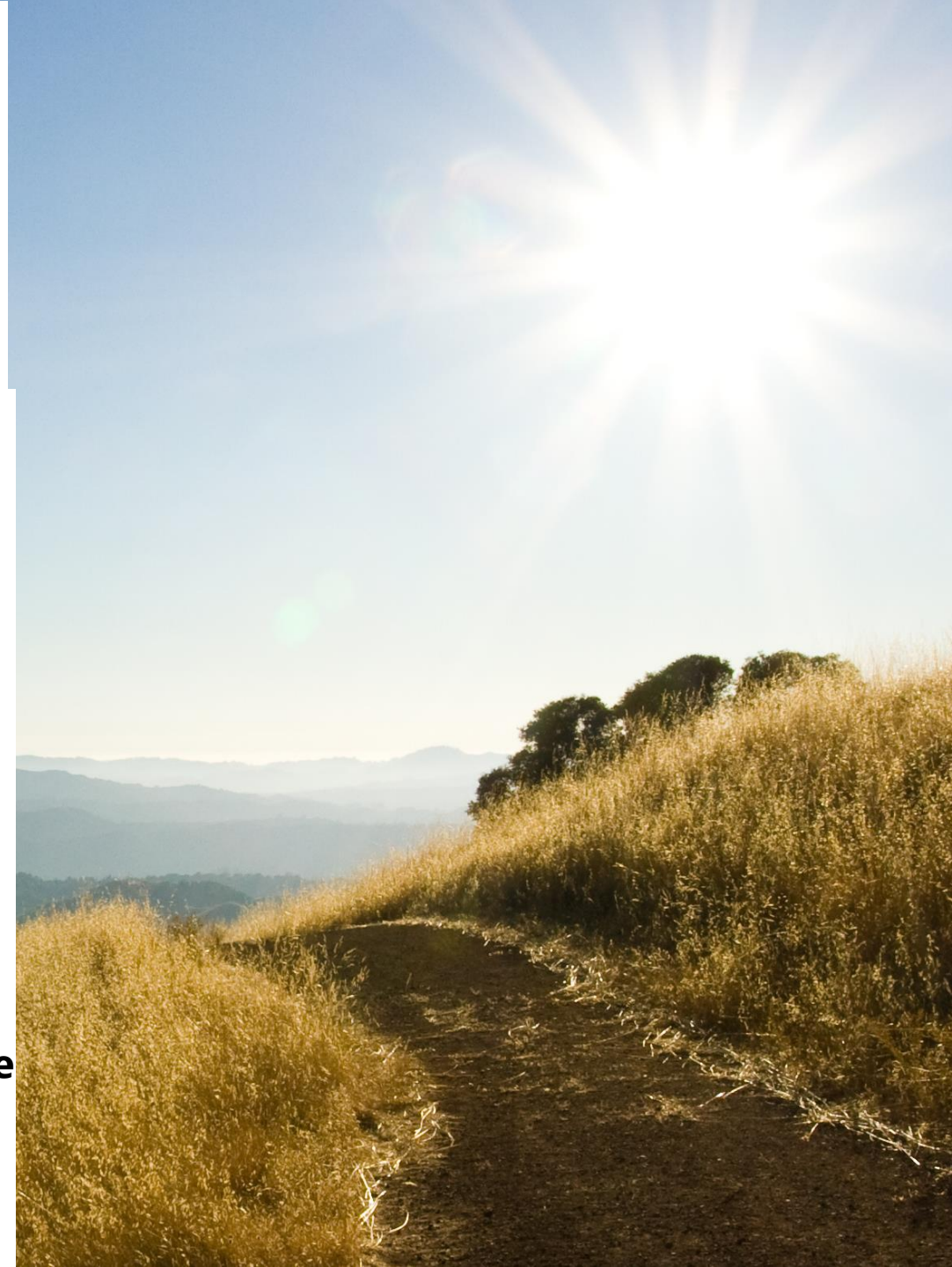
Improved poorly controlled diabetes by 2.2% for the total population, and 3.4% for the African American population

Improved cervical cancer screening by 1% in the QIP population, and 1.3% in African American population

Improved immunizations for adolescents by 10.8% for the general population, 11.1% for the Hispanic/Latino population and 3.8% for the African American population

Improved hypertension control by 4.6 % for the general population, and 6.4% for the Hispanic/Latino population

2021: Increased Child and Adolescent Well Care Visits in the African American population from 33% to 49.5% and reduced the disparity gap from 10% to 6%



Ambulatory Challenges

- Access to care remains very challenging due to increasing patient volumes
- Providers and all other health care staff are in high demand throughout health care systems in the country.
- We have brought on various locums providers via new telehealth-only clinics which has alleviated some of the demand, but patients generally prefer to see their own providers or team members and in-person.
- With the increased use of technology and MyChart, asynchronous care, outside of the physical clinical encounter, has also increased. This has been a strong motivator leading to a redesign of the Health Home Team and primary care templates.

Top 5 Clinics with Highest Level of Need

West County Family Medicine

Concord Family Medicine

Pittsburg Family Medicine

Miller Wellness Family Medicine

Brentwood Adult Medicine

These calculations are only for primary care and do not include # of specialty providers needed in each specialty to accommodate the increase in patients.

Current Structural Capacity in Ambulatory

- Our structural system can accommodate **20** new providers doing **7** clinics each.
- With current RMC empanelment of nearly **182K** we would need **121** full time providers in primary care, each with a panel size of 1,500 (non adjusted patients) doing 7-8 clinics

We currently have **113** primary care providers but their mean clinics per week are 4-5, ie 50% Part time so equal to 56 FT

Medi-cal redetermination may drop between 10-30% of patients but regular growth will add 10-30%

When CoCo becomes a one-county Medical plan we will add 30K more patients

Loss of Clinical Hours and Providers

- We have lost **30,000** clinical hours in 2021/2022 compared to 2018/2019, resulting in approximately **50,000** visits that didn't happen (specialty and primary care combined).
- 6,000 visits (20%) of this excess loss is due to a dramatic increase of cancelled clinics in 2021/2022; an extra 1,500 clinics cancelled.
- We have lost a mean of **39** providers from pre-Covid to current. We have gained 26 for net loss of 13 providers.
- In spite of these challenges, efficiency and productivity in a clinical block has increased from 7.9 to 8.8 in the last few years

CCRMC Empanelment

Date	Number	% Change
Current	181,899	64% over three years
Jul-22	153,824	18%
Jul-21	130,048	9%
Jul-20	119,083	7%
Jul-19	110,964	

Conclusions

- We continue to innovate and improve the delivery of care in all areas of ambulatory: Specialty Care, Appointment Unit, Primary Care templates and teams.
- We are increasingly able to leverage technology and data to drive much of the change
- While these improvements are very helpful, they alone cannot reverse the increased need for ambulatory care services in all areas.
- Loss of providers in Primary Care and Specialty Care and high demand in the community for remaining providers has led to a competitive environment.
- We are hopeful that working with our labor partners we can continue to provide a desirable environment for clinicians.
- In planning for growth at CCRMC we also need to review structural limitations that currently exist.



Infrastructure Update

***Joint Conference Committee
March 13, 2023***



**Contra Costa
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A Division of Contra Costa Health Services

Effects of our infrastructure

- December 2022
- Failure of hot water tanks that supply all of CCRMC
 - Resulted in loss of hot water for multiple hours
 - Short term solution identified and implemented
- Temporary solution identified
 - Implementation resulted in hot water shut down
 - Bottled water distributed to patients and staff
- Lessons learned
 - Building is 20+ years old
 - Maintenance needs are increasing

Current State

- In process
 - Hot water Tanks
 - Domestic cold water tanks
 - Water valves throughout hospital
 - Operating room Lighting
 - Sterile processing renovations
 - Laboratory automation

Current State

- Pending HCAI (formerly OSHPD) approval
 - Cooling towers
- Undergoing Assessment
 - Elevators
 - Infant security system
 - Patient call light system
 - Airborne pathogen air handling

Planning

- Public works report
 - Starting point
 - Currently refining recommendations
- Master planning process
 - Concurrently with measure X master planning



Medical Staff Update

***Joint Conference Committee
March 13, 2023***




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Policies for Review Hospital

Consent Agenda for JCC September 2022 to February 2023 Policies Approved in Patient Care and Policy Evaluation Committee and Ambulatory Policy Committee September 2022 to February 2023 PCP&E – <u>PCP&E</u>				
Hospital Policies				
Policy Number	Department/Policy Name/Policy Owner	New (N) Revised (R) Retired (Ret)	Significant Change? (Y) (N) (N/A)	Brief Description
364	Hospital and Nursing Policy - Code Blue Coverage for Martinez Campus	R	Y	Reviewed, updated to current standards, provider and nursing collaboration
364 A-C, G-H	Hospital and Nursing Policy - Code Blue Policy for Martinez Campus Attachments	R	N	Roles and locations updated
612	Anesthesia Assessments and Monitoring	R	N	Reviewed, updated to current standards
616	Patient Grievance/Complaint Process	R	N	Reviewed, updated to current standards
362	Bomb Threat/Incident (Code Yellow)	R	N	Reviewed, updated to current standards, Sheriff consulted
615	Hospital and Nursing Policy - OR Cleaning	R	N	Reviewed, cleaning products not listed (SPD,IC)
123	Name Tags	R	N	Reviewed
109	Adverse Events	R	Y	Updated RCA process
353-C	Rapid Response Team (RRT) Nurse Competency	RETIRE	N/A	Archived
503	Patient Expiration	R	Y	Reviewed, revised, updated to current standards, regulations, etc.
579	Universal Protocol	R	N	hospital policy #579 - verbiage added to include ambulatory/clinic settings.
602	Consent to Medical Treatment	R	Y	Reviewed, revised, updated to current standards, regulations, etc.



***CCRMC and Clinics
Quality and Safety
Performance***

***2022 Summary and QAPI
Evaluation***

Quality and Safety Performance

Highlights

- Excellent QIP performance
- Top performance in DEI and SDOH
- Recognition for excellence by CAPH
- Spring Leapfrog grade B
- TJC re-accreditation

Looking forward

- Quality, safety and value for population
- quality plan on priorities for improvement for system
- Patient safety –high reliability
- Quality dashboard to monitor system
- Patient safety indicators for procedures
- Focus on diversity, equity and inclusion for populations and perinatal and behavioral health
- Access as a quality measure
- Care experience inpatient and clinics

Quality Plan Evaluation 2022

Examples of successful improvement

- QIP measures 40 of 44
- Well child visits in first 30 months of life
- Developmental screening in first 3 years of life
- Immunization: Adolescents, influenza
- Screening for depression and follow-up
- Diabetes and asthma care

Quality Plan Evaluation 2022

Example of areas not meeting goal – continue

- Decreasing clinic now show rates and improving access (third next available appointment)
- Hospital code blue rate
- Anesthesia evaluation in ICU
- Surgical site infections



***CCRMC and Clinics
Quality and Safety Update***

Joint Conference Committee

March 13, 2023

Joint Commission Triennial Survey

- Hospital accreditation is required for Center for Medicare and Medicaid Services (CMS) participation and payment
- CMS has provided TJC with directive to improve its performance in identifying regulatory deficiencies
- Post-COVID surveys in hospitals are reported to discover more deficiencies than in prior survey periods
- CCRMC and Clinics were visited by 6 surveyors over 5 days January 23-27, 2023

Highlights of TJC Survey Findings

Opportunities for improvement

- Infection control protocol adherence with high level disinfection of instruments in some clinics
- Following manufacturer instructions with dental chairs and products
- Further modification of inpatient and PES facilities to eliminate ligature risk
- Consent policy adherence for witness signature and translation
- Documentation of HR orientation and annual requirements
- Documentation of QA procedures on equipment
- Completion of precleaning procedure on scopes prior to full sterilization
- Documentation of radiology protocol reviews
- Documentation of annual evaluation and governance review of care related contracts
- Documentation of ED procedure to manage pregnant and postpartum women with eclampsia, preeclampsia
- Environment of care and life safety: minor adjustments needed for closing fire doors, documentation of drills, securing medical gases

Follow-up actions

- TJC 45-day re-survey for infection control, ligature risk and associated findings
- CCRMC submit 60-day plan with corrective actions and evidence of compliance
- CCRMC update policies and approaches based on findings

Learnings from Survey

- CCRMC highlighted for its exemplary focus on diversity, equity and inclusion
- Behavioral health program excellence
- Perinatal program excellence
- Dental program standards and oversight need adjustment
- Simplify management of orientation and annual HR requirements
- Update consent policy and form needed to adhere to 2021 manual
- Diagnostic imaging protocols to follow ASR standards and guidance
- Improve documentation to demonstrate adherence to policy and manufacturer guidelines
- Need to direct wire power strip in care delivery settings: resources required

PAC Agenda



To: Professional Affairs Committee Members
From: Supervisor John Gioia – District I
Supervisor Federal Glover – District V
By: Samir Shah, Chief Executive Officer
Contra Costa Regional Medical Center

Date: March 13, 2023
Subject: Meeting Notice
Professional Affairs Committee

This meeting will go to Closed Session.

PROFESSIONAL AFFAIRS COMMITTEE-VIA ZOOM

AGENDA

March 13, 2023 from 2:00 to 3:00 pm

AGENDA ITEM	RECOMMENDATION
I. CALL TO ORDER Meeting Chair- Supervisor John Gioia, District I	
II. ADJOURN TO CLOSED SESSION Supervisor Gioia	
III. APPROVAL OF MINUTES Supervisor Gioia	Inform/ Action
IV. PATIENT SAFETY UPDATE Courtney Beach, M.D., Associate Medical Director, Quality and Safety Chair, Patient Safety and Performance Improvement Committee A. Root Cause Analysis review	Inform
V. ADJOURN	
Next Meeting: May 8, 2023	

Professional Affairs Committee

March 13, 2023

***Adverse Event Root Cause
Analysis Findings***



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