



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: November 13, 2023  
 Subject: Meeting Notice  
Joint Conference Committee

## JOINT CONFERENCE COMMITTEE AGENDA

**November 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

**Office of Supervisor Gioia, 11780 San Pablo Ave., Suite D, El Cerrito, CA 94530**  
 or

**Office of Supervisor Glover, 190 E. 4<sup>th</sup> 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: Supervisor John Gioia, Supervisor Federal Glover; Medical Executive Committee Members: Dr Tarun Bhandari, Dr Dayana Carcamo-Molina; Non-Voting- CCRMC Medical Staff President Dr Sarah Mcneil; past Medical Staff President Dr Kristin Moeller; Contra Costa Director Health Services Anna Roth RN; CCRMC Administrator Dr Samir Shah; Health Services Chief Financial Officer Pat Godley; CCRMC Chief Quality Officer Lisa Schilling RN; CCRMC Chief Nursing Officer Jaspreet Benepal RN

AGENDA ITEM	RECOMMENDATION
I. <b>CALL TO ORDER and INTRODUCTIONS</b> Meeting Chair- Supervisor John Gioia, District I	Inform
II. <b><u>APPROVAL OF MINUTES – October 23, 2023</u></b> Supervisor Gioia	Approval
III. <b>PUBLIC COMMENT</b> 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

AGENDA ITEM	RECOMMENDATION
<p><b>IV. ADMINISTRATIVE UPDATE</b>  Samir B. Shah, M.D., Chief Executive Officer/Chief Medical Officer;  Sergio Urcuyo, M.D., Medical Director Hospital Operations; Jaspreet Benepal RN, Chief Nursing Officer; Pat Godley Health Services Chief Financial Officer</p> <p>A. General updates  B. Facilities seismic requirements  C. HR time to fill positions  D. Hospital flow report  E. <u>Finance update</u></p>	Inform
<p><b>V. MEDICAL STAFF UPDATE</b>  Sarah McNeil, M.D. Medical Staff President</p> <p>A. <u>Consent: Patient Care Policies for CCRM/HCs</u>  B. Medical Staff Update</p>	Approval
<p><b>VI. QUALITY AND SAFETY UPDATES</b>  Lisa Schilling, RN, Chief Quality Officer; Courtney Beach, M.D., Associate Medical Director of Quality and Safety</p> <p>A. <u>Consent: Patient safety and risk management plan</u>  B. <u>Consent: Utilization management report and plan</u>  C. <u>Consent: Non-MD contract quality report</u>  D. Care experience  E. QAPI 2023 priority project results</p>	Approval  Inform
<p><b>VIII. ADJOURN</b></p>	Inform
<p><b>IX. NEXT MEETING:</b> TBD 2024</p>	

*Joint Conference Committee observes Ralph M. Brown Act open meeting law procedures. Reasonable accommodations will be provided for persons with disabilities planning to attend. Contact the staff person listed below at least 72 hours before the meeting. Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the County to a majority of members of the Joint Conference Committee prior to that meeting are available for public inspection at 2500 Alhambra Avenue during normal business hours. Public comment may also be submitted via electronic mail at least one full workday prior to the published meeting time. For information contact Lisa Schilling [Lisa.Schilling@cchealth.org](mailto:Lisa.Schilling@cchealth.org) 925-839-3348.*

## ZOOM WEBINAR-Instructions

**Please click the link below to join the webinar:**

You are invited to a Zoom webinar.

When: Nov 13, 2023 01:00 PM Pacific Time (US and Canada)

Topic: JCC

Please click the link below to join the webinar:

<https://cchealth.zoom.us/j/95623291954>

Or One tap mobile :

+16465189805,,95623291954# US (New York)

Or Telephone:

Dial(for higher quality, dial a number based on your current location):

+1 646 518 9805 US (New York)

Webinar ID: 956 2329 1954

International numbers available: <https://cchealth.zoom.us/j/95623291954>

# Welcome

Contra Costa Regional Medical Center and Health Centers  
Joint Conference Committee

November 13, 2023



CONTRA COSTA  
HEALTH

# Agenda



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 Supervisor Federal Glover – District V  
 By: Samir Shah MD, Chief Executive Officer  
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**JOINT CONFERENCE COMMITTEE**

**MINUTES**

**October 23, 2023, from 1:00 – 2:00 PM**

**Contra Costa Regional Medical Center**

**2500 Alhambra Avenue, Martinez, CA – Building One First Floor Conference Room**

**and**

**Board of Supervisors District V**

**190 E. 4<sup>th</sup> Street, Pittsburg, CA – Large Conference Room**

# Minutes for Approval

VOTING MEMBERS PRESENT: Supervisor John Gioia, District I; Supervisor Federal Glover, District V; Dayana Carcamo-Molina MD; Tarun Bhandari MD; NON-VOTING MEMBERS PRESENT: Samir Shah MD, Chief Executive Officer/Chief Medical Officer; Anna Roth RN, Health Services Director; Sarah McNeil MD, Medical Staff President; Jaspreet Benepal RN, Chief Nursing Officer; Lisa Schilling RN, Chief Quality and Integration Officer; GUESTS PRESENT: Sergio Urcuyo MD, Hospital Medical Director; Kristin Moeller MD, past Medical Staff President; Courtney Beach MD, Associate Medical Director of Quality and Safety and Performance Improvement; Gabriela Sullivan MD, Ambulatory and Specialty Medical Director; Andrea Sandler MD, Associate Ambulatory Care Medical Director, Director of Ambulatory Nursing Operations

AGENDA ITEM	RECOMMENDATION
<p><b>I. CALL TO ORDER AND INTRODUCTIONS</b></p> <p>Meeting Chair – Supervisor John Gioia, District I</p> <ul style="list-style-type: none"> <li>Meeting called to order at <b>1:01 PM</b> by Supervisor Gioia</li> <li>Location of meeting at two locations under the Brown Act: CCRMC Building 1 Conference Room; Supervisor Glover’s office in Pittsburg; Public may attend meeting remotely VIA Zoom Webinar or Call In.</li> <li>Agenda has been posted outside Supervisors’ offices and CCRMC. Public is invited to attend publicly or remotely.</li> </ul>	<p><i>Inform</i></p>

# Public Comment

Contra Costa Regional Medical Center and Health Centers  
Joint Conference Committee

November 13, 2023



CONTRA COSTA  
HEALTH

# Administrative Update

Contra Costa Regional Medical Center and Health Centers  
Joint Conference Committee

November 13, 2023



CONTRA COSTA  
HEALTH



# Congratulations!

- HRSA Award for Homeless Healthcare program
- CMQCC C-section achievement award



**CMQCC**  
California Maternal  
Quality Care Collaborative

Maternity Care Honor Roll by County, Zip Code, or Hospital Name

County:  ZIP Code (first 3 digits):  Hospital(s):

Hospital Name	Maternity Care Honor Roll		
	2021	2022	2023
Contra Costa Regional Medical Center	★	★	★
Kaiser Permanente Antioch Medical Center	★		★
Sutter Delta Medical Center	★	★	★



# HR progress update

- Board order approved 11/7/23
- Workgroup formed between CAO and CCH leadership
- Charter and measures to be established
- Planned progress reports to JCC
- Completion of work estimated by June 2024

# Hospital Flow Update

- **Medical**

- **Ambulance Patient Offload Time (APOT)** - reduced our 90<sup>th</sup> percentile by 34 minutes.
- **LWBS- Left Without Being Seen** - down to 4% in September.
- **Repatriation of CCHP patients** - now averaging 36 patients a month

- **Psychiatric**

- **Decrease in long stay patients and non-acute days on inpatient psych units – 30% reduction**
- **Decrease LOS**
- **Partnership with children's CSU**
- **24-hour limits for PES stays**
- **SB43**

# APOT

**APOT Ambulance Patient Offload Time** Contra Costa County's current standard is 20 minutes. Our average time is 27:39. EMS is now focusing on the 90<sup>th</sup> percentile. CCRMC is improving, since January we reduced our 90<sup>th</sup> percentile by 34 minutes. In September, 90% of our offload times were under 39.55.

**EMS APOT**  
Calculates average time difference between hospital arrival and transfer of care in First Watch.

0:27:39  
90th Percentile



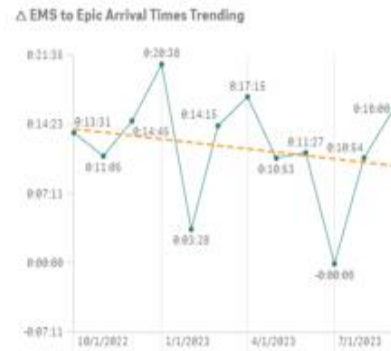
**Epic TAT**  
Calculates average time difference between ED arrival and RN Triage Start times in Epic.

0:12:15  
90th Percentile

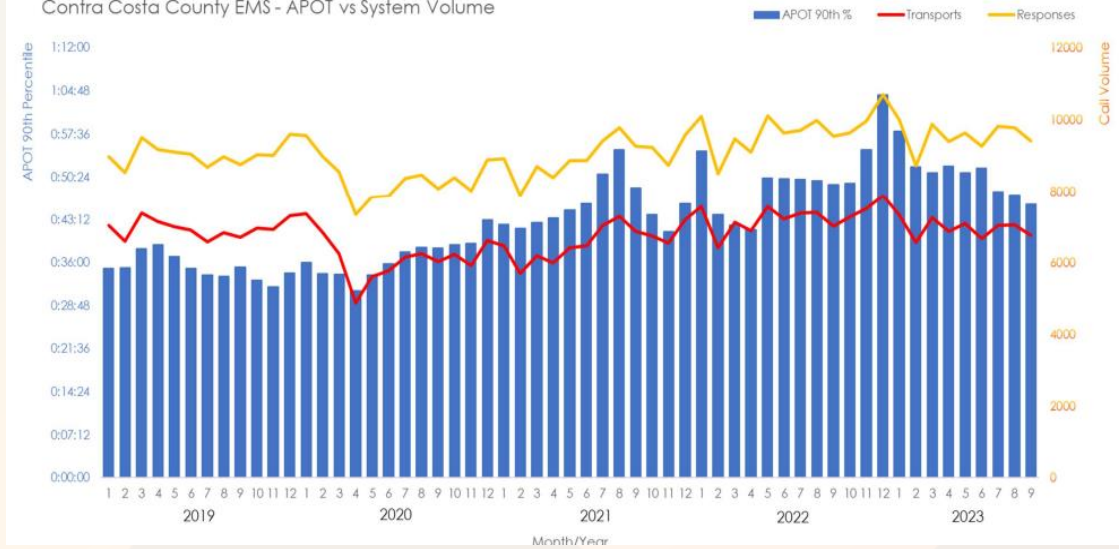


**Δ EMS to Epic Arrival Times**  
Calculates average time difference between First Watch 'At Hospital' and Epic 'ED Arrival' values.

0:11:40  
90th Percentile



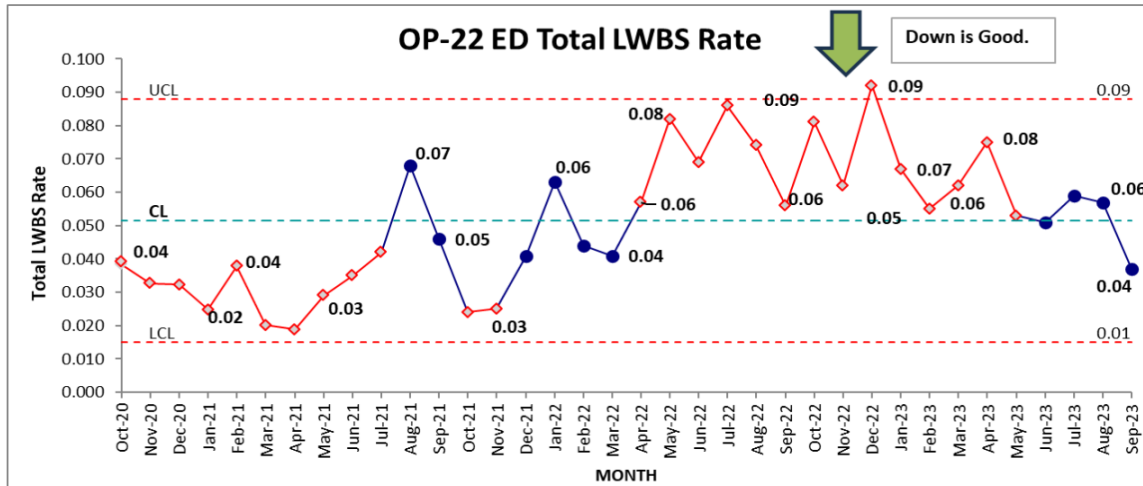
Contra Costa County EMS - APOT vs System Volume



# ED Left without being seen

ED OPS Key Performance Indicators (KPIs) through SEPTEMBER 2023

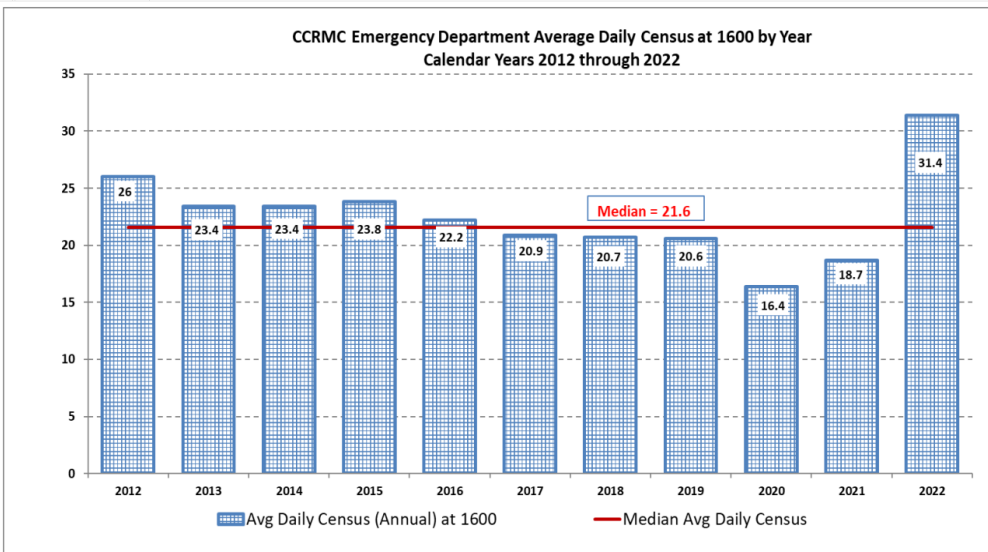
## 4. ED Left Without Being Seen (LWBS) by a Physician – Monthly Total Rate



A priority quality project in 2023 supported reduction in patients in ED left without being seen as we have also seen an increase in average daily census in the ED. An increase in ED MDs also positively impacted the outcomes.

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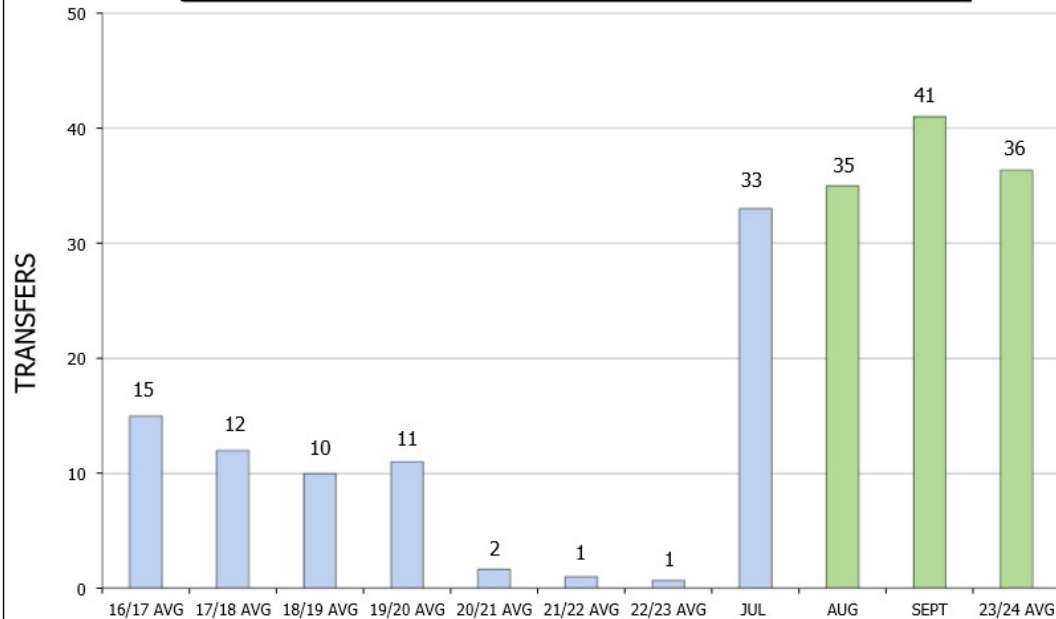
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The annual Average Daily Census in the ED at 1600 each day is summarized in the chart above for Calendar Years 2012 (when data was first available in

# Hospital Repatriation and LOS

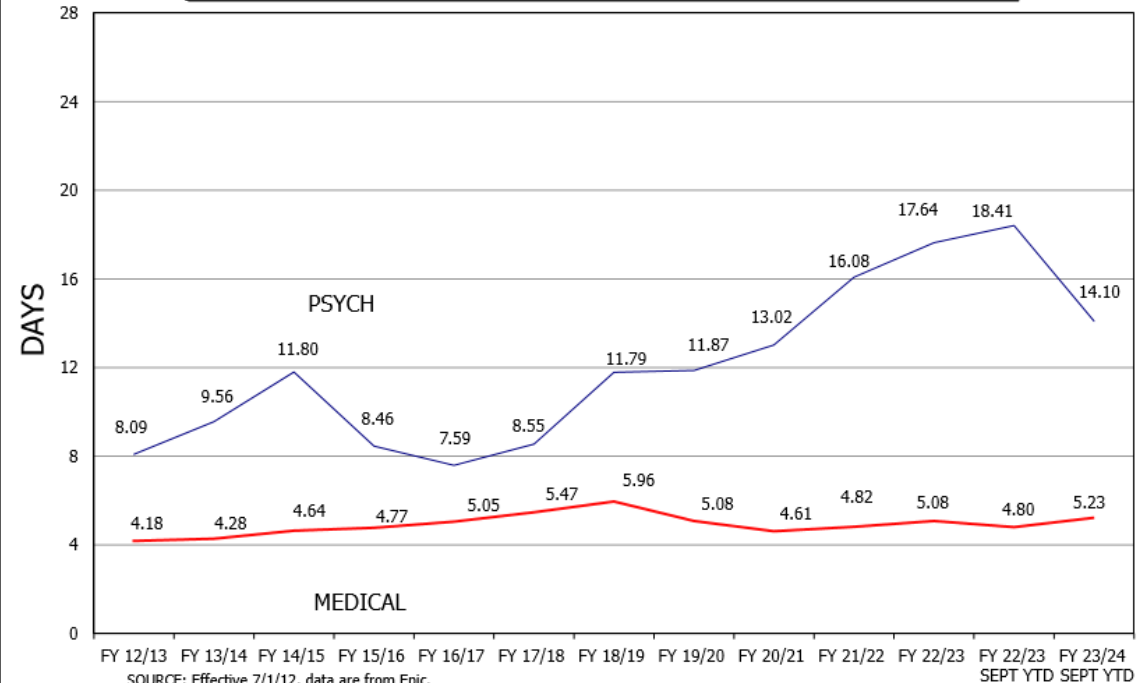
**CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT  
CONTRA COSTA REGIONAL MEDICAL CENTER  
AVG MONTHLY TRANSFERS FROM OTHER FACILITIES  
FISCAL YEAR COMPARISON**



Note:  
Effective 7/1/2023, this report only includes Transfers from Outside Hospitals/Facilities' ED/PES to CCRMC ED/PES who are admitted.  
Direct transfers from Other Hospitals' IP Units to CCRMC IP Units are now included under Other Hospitals.

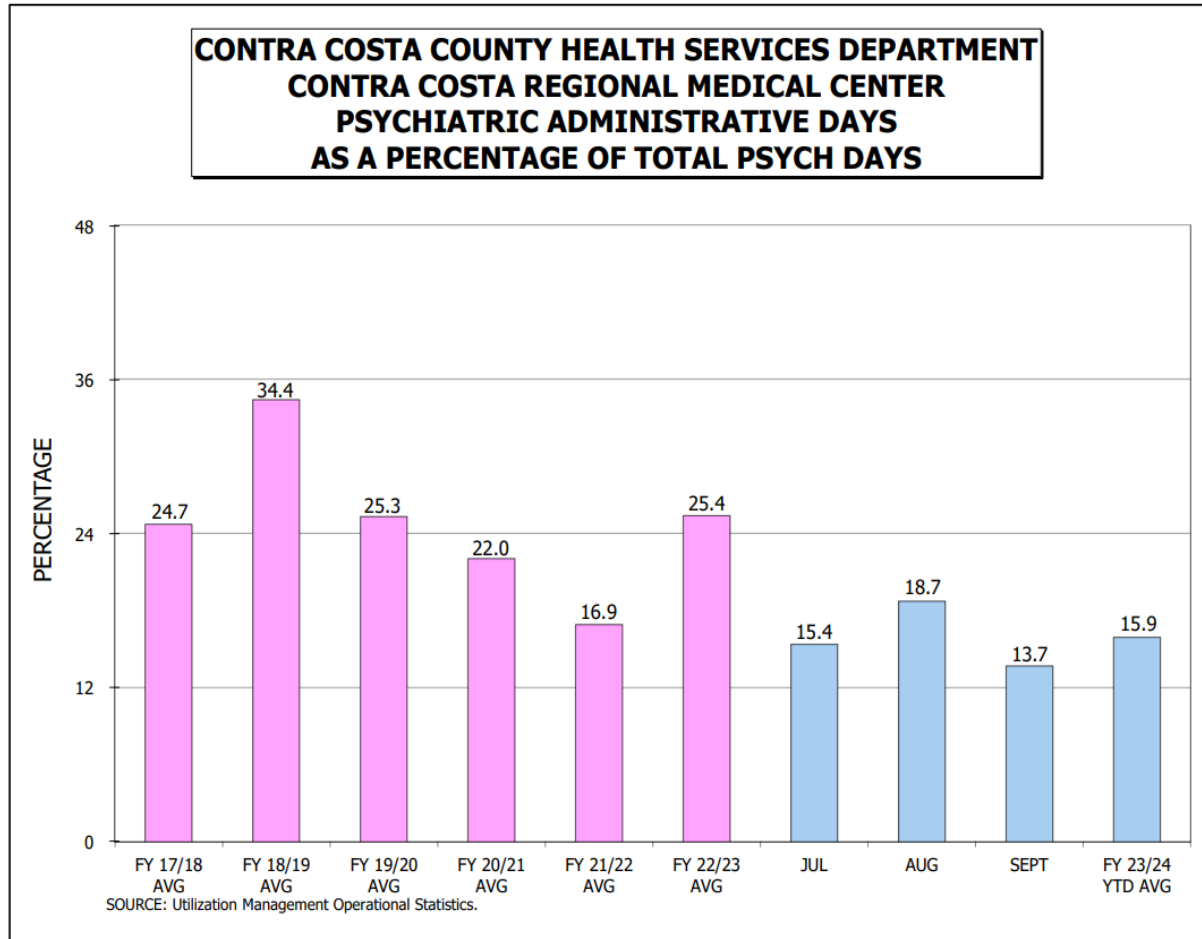
4D Psychiatric Unit (20 beds) was reopened on 10/26/20.

**CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT  
CONTRA COSTA REGIONAL MEDICAL CENTER  
AVERAGE LENGTH OF STAY  
FISCAL YEAR COMPARISON**



SOURCE: Effective 7/1/12, data are from Epic.  
NOTES: • Excludes Nursery I (Newborn well baby).  
• 4D Psychiatric Unit [20 beds] was suspended effective 11/20/2006. This unit was reopened on 10/26/2020.

# Behavioral Health Administrative Days



(JC20)

Focused interventions to support more rapid placement in post-acute care has reduced use of administrative days providing more available inpatient behavioral health beds

# Finance Update

Contra Costa Regional Medical Center and Health Centers  
Joint Conference Committee

November 13, 2023



CONTRA COSTA  
HEALTH



# Medical Staff Update

Contra Costa Regional Medical Center and Health Centers  
Joint Conference Committee

November 13, 2023



CONTRA COSTA  
HEALTH

# Consent: Policies for approval

Joint Conference Committee Consent Agenda for Medical Executive Committee August - October 2023				
Ambulatory Care				
Policy Number	Department/Policy Name/Policy Owner	New (N) Revised (R) Retired (Ret)	Significant Change? (Y) (N) (N/A)	Brief Description
4074-B	Diabetes Standing Orders	R	N	Reviewed, updated actions for different A1C values, updated guidelines for vaccinations, retinal exam and foot exam pts with DM
4042	Audiometric Screening	R	N	reviewed, updated.
4200B	Specially Trained RN Cervical Dysplasia Monitoring, Care & Discharge	R	N	
4034	Pap Smear Preparation	R	N	
4079	EKG	R	N	

# Medical Staff Leadership Priorities

- Policies; policy on policies and PolicyStat implementation
- Medical staff and administration partnership
- Wellness with the support of the CCRHF
- Supporting senior administration roles
- Updating medical staff bylaws; integration of services

# Quality and Safety Update

Contra Costa Regional Medical Center and Health Centers  
Joint Conference Committee

November 13, 2023



CONTRA COSTA  
HEALTH

# Consent: Risk Safety Plan

- Annual assessment for risk and patient safety completed
- Risk assessment identified higher risk needs and action plans to mitigate risk of harm
- Interdisciplinary groups identified to implement interventions as outlined

# Consent: UM Program Report and Plan



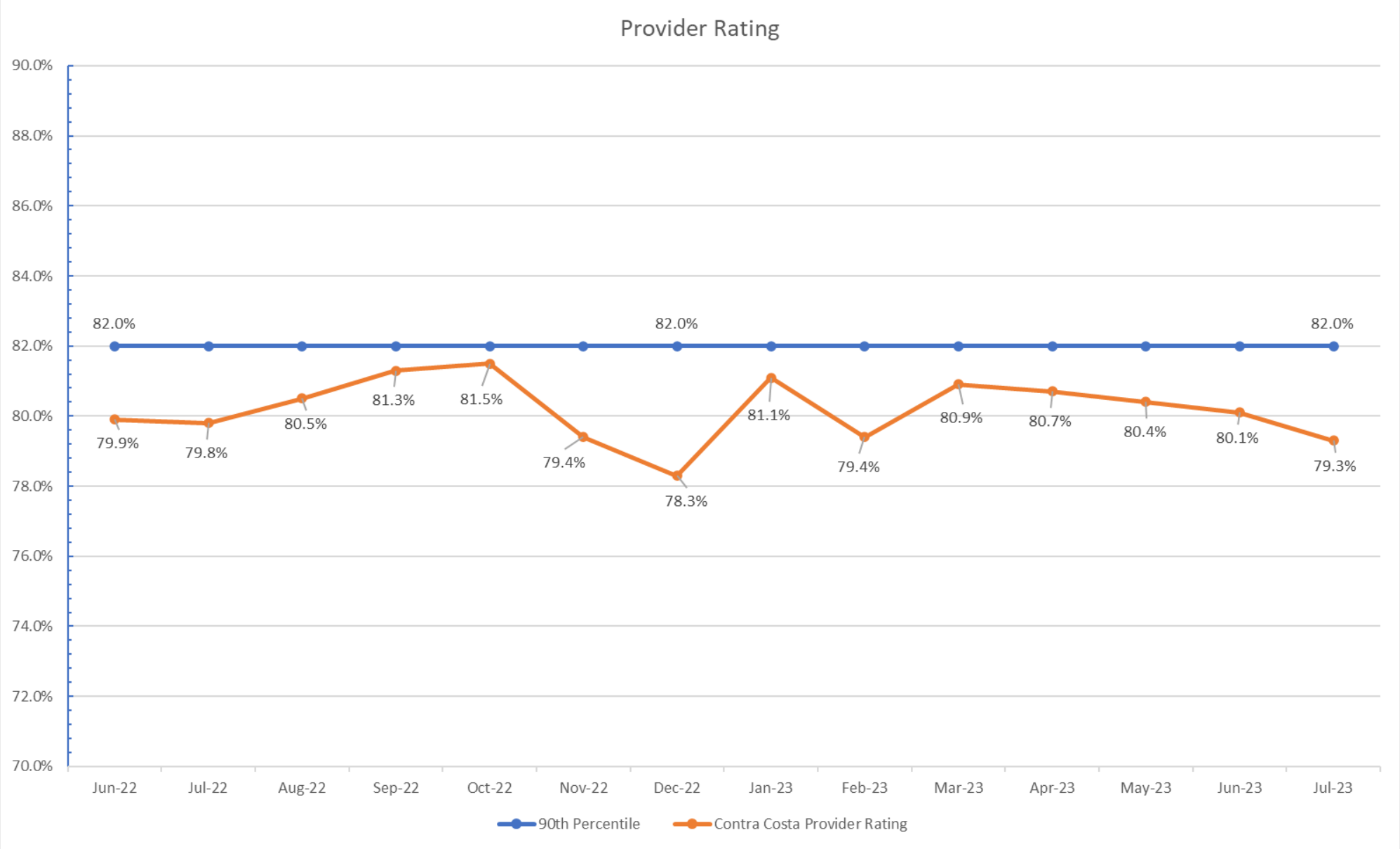
CONTRA COSTA REGIONAL MEDICAL CENTER  
CONTRA COSTA HEALTH CENTERS  
A Division of Contra Costa Health Services

## UTILIZATION MANAGEMENT PROGRAM 2023

# Consent: Contract Quality Report

- **Request:** Approve contract quality measures for 30 contracts and the plan to add measures to additional contracts and POs .
- **Quality and Safety Requirement:** CMS Conditions of participation require care delivery related contracts must have a quality measure that is monitored by the operational leader to assure compliance with performance standards. The TJC triennial survey identified many more contracts and purchase orders noted to need a quality measure.
- **Overview:** 162 contracts and purchase orders are listed for quality measure review. 74 contracts and 65 POs do not have quality measures and will take time to complete the contract amendment process.
- **Plan:** Contra Costa County's contract revision process is lengthy, therefore, the updated list of contracts and purchase orders requiring a quality measure will proceed through a two-phase process.

# Care Experience: Provider Rating



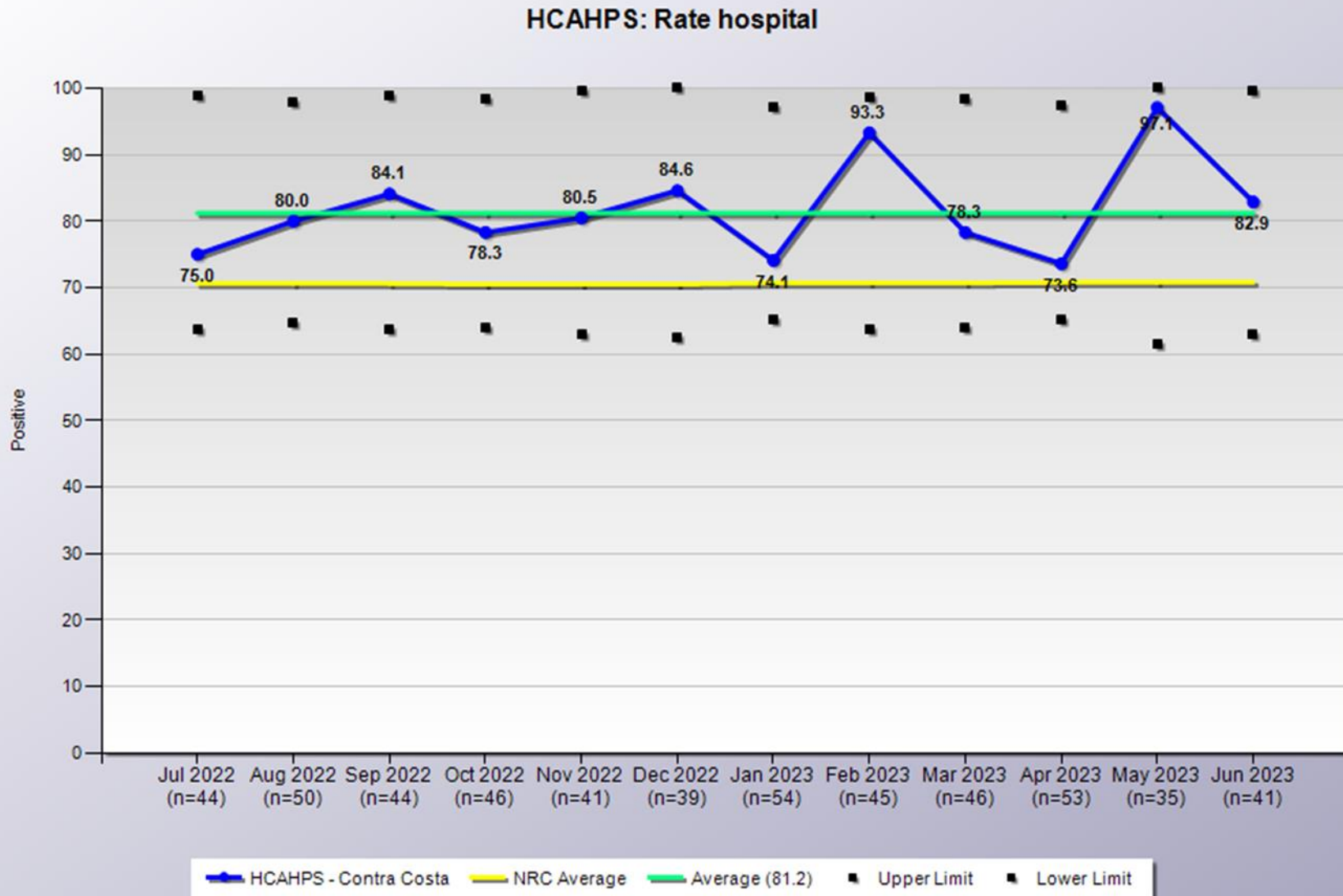
Provider rating remains 80.2% average close to 90th percentile ranking

CCRMC providers continue to have high ratings from patients

July 2022-June 2023



# Care Experience: Hospital Rating



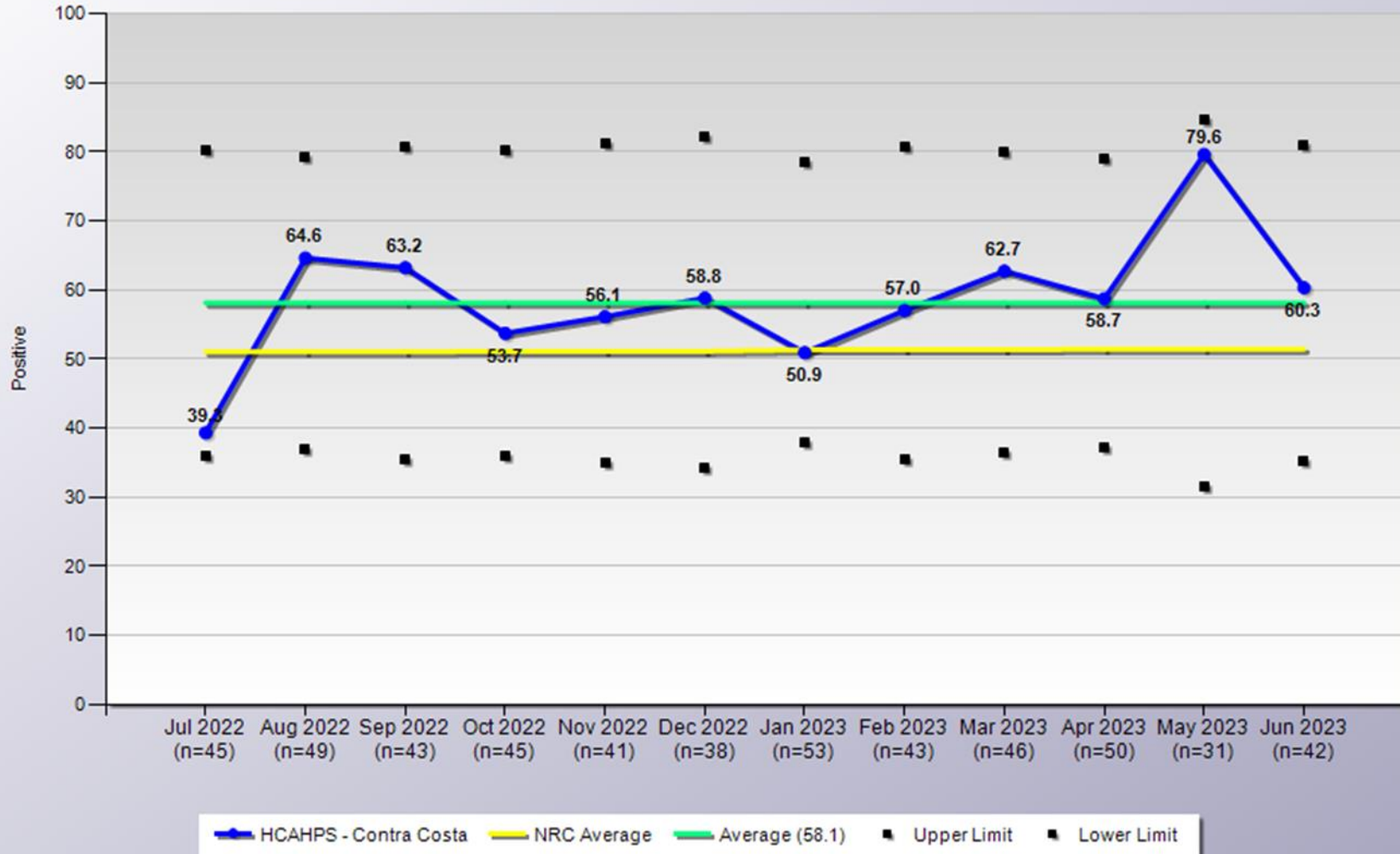
Current rating 81.2%  
90th percentile is  
84.4%

CCRMC continues to  
have high  
satisfaction ratings

July 2022-June 2023

# Care Experience: Transitions

CAHPS-IP-A: Care Transitions



- Satisfaction with care transitions:
- Staff took Preferences into account
- Understood managing of health
- Understood purpose of medications
- Contra Costa 58.1% or 81<sup>st</sup> Percentile

July 2022-June 2023

# 2023 Priority Projects -3Q Performance

Area	Project	2022 performance	2023 target	Meeting Goal?
Hospital	Fall reduction	0.7/100 Count:159	<0.5/100 Count: 135	Y
	HAPI	0.23/1000	Count: 0	N
	Sepsis bundle compliance (1-hr): Serum lactate draw Antibiotic infusion	TBD	95% 95%	N
	Code blue reduction	0.49/1000 Count: 22	50% reduction Count:11	Y
ED	Plan of care for obstetric hemorrhage	N/A	90% education	Y
	Columbia screening in triage	90.6%	95%	Y
	LWBS (AT)	4.68%	4%	Y
Psychiatry Units	Inpatient admit times	N/A	<= 320 minutes	N
	Influenza vaccination	87.4%	91%	Y

# 2023 Priority Projects-3Q Performance (continued)

Area	Project	2022 performance	2023 target	Top decile benchmark
Perinatal units	Severe eclampsia reduction	7.02%	6%	Y/N (7.4%)
(CMQCC Q1-Q2)	Hemorrhage reduction (without transfusion)	7.49%	6%	N
	C-section rate African American women (primary)	17.15%	16%	N
Peri-op	SSI reduction abdominal surgery (colorectal, small bowel, abdominal hysterectomies)	3.0 1.0 0.0	<=1 or SIR <=1.0	Y
	Preventing respiratory failure (PSI-11)	10/1,000 eligible D/C	<=1	Y
	Reducing wound dehiscence (PSI-14)	4.16/1,000 eligible D/C	<=1	Y
Nutrition	Nurse Screening Malnutrition		90%	Y
Ambulatory	Appropriate follow-up after FIT test (colonoscopy within 6 months positive test)	54.9%	57%	Y
	Appropriate follow-up after mammogram (BIRADS 4-5 biopsy w/in10days)	75.8%	78.6%	Y

CONTRA COSTA  
HEALTH



# Appendix

CONTRA COSTA COUNTY  
HEALTH SERVICES DEPARTMENT

CONTRA COSTA REGIONAL MEDICAL CENTER  
AND HEALTH CENTERS

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**JOINT CONFERENCE REPORT**  
**JULY 2023 – SEPTEMBER 2023**  
**COMPARATIVE DATA**

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NOVEMBER 13, 2023

# JOINT CONFERENCE REPORT

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# JOINT CONFERENCE REPORT

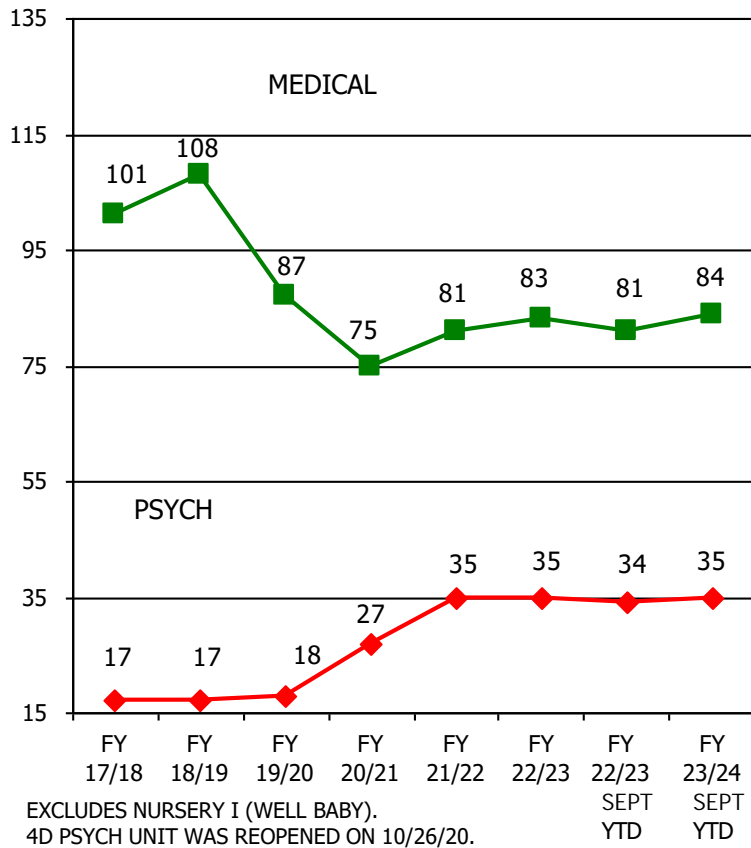
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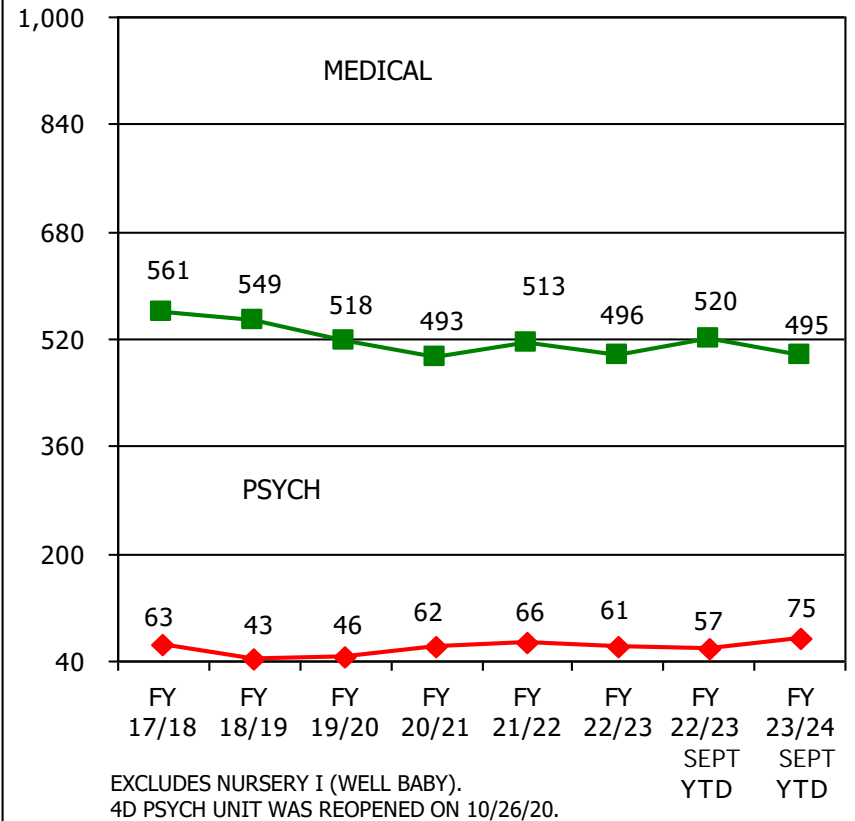


# CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT CONTRA COSTA REGIONAL MEDICAL CENTER FISCAL YEAR COMPARISON

**AVERAGE DAILY CENSUS**



**AVERAGE MONTHLY DISCHARGES**



CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT  
CONTRA COSTA REGIONAL MEDICAL CENTER  
AVERAGE DAILY CENSUS

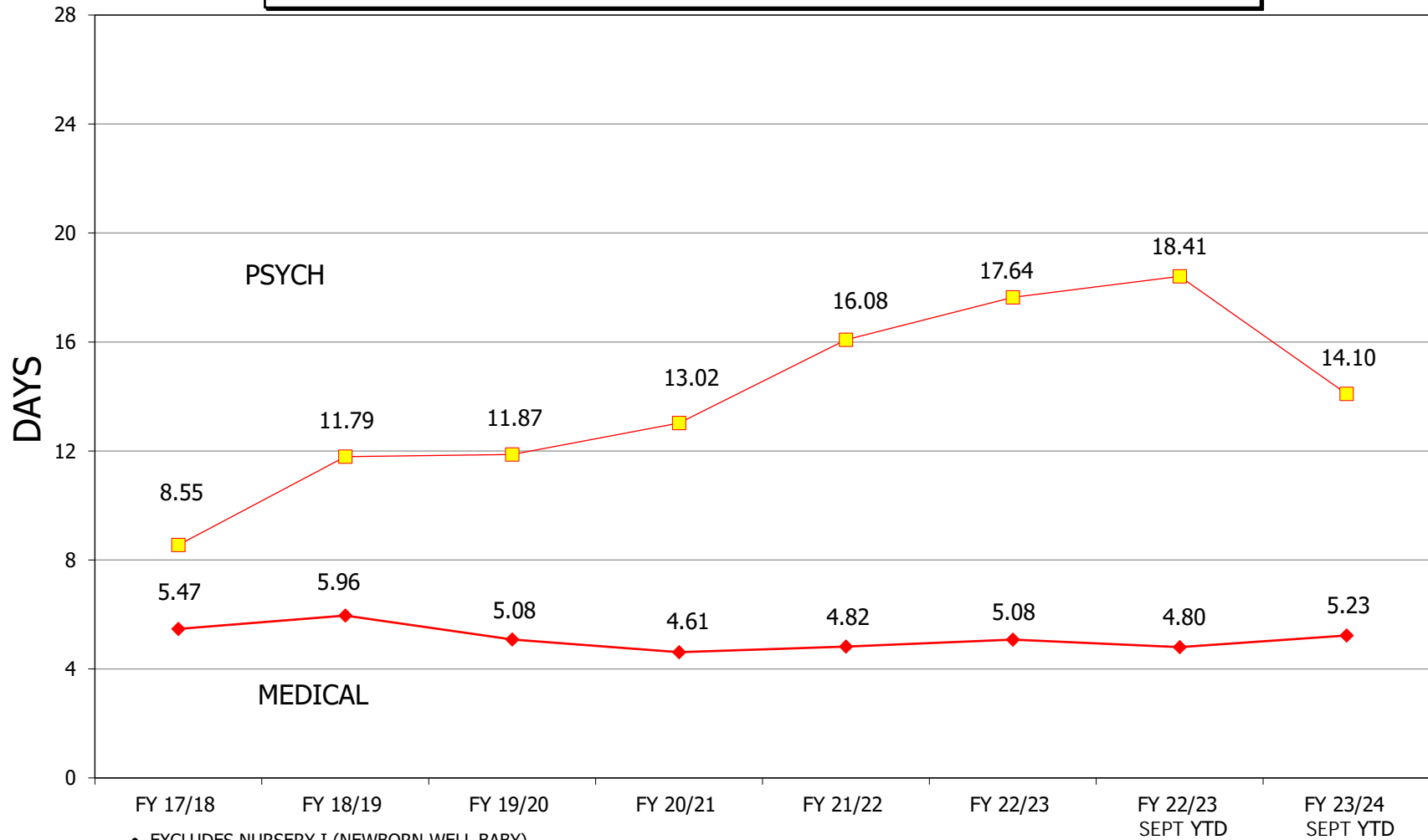
Month	Medical	Psych	Adult & Psych	Nursery I (Well Baby)	Total
July 2021	76	37	113	7	120
August 2021	81	37	118	8	126
September 2021	84	37	121	7	128
October 2021	79	34	113	6	119
November 2021	78	37	115	5	120
December 2021	79	35	114	7	121
January 2022	88	31	119	7	126
February 2022	84	32	116	7	123
March 2022	78	32	110	7	117
April 2022	81	34	115	6	121
May 2022	84	36	120	7	127
June 2022	86	35	121	6	127
<b>FY 2021-22 Average</b>	<b>81</b>	<b>35</b>	<b>116</b>	<b>7</b>	<b>123</b>
July 2022	85	34	119	8	127
August 2022	82	35	117	8	125
September 2022	77	33	110	7	117
October 2022	75	32	107	6	113
November 2022	86	34	120	7	127
December 2022	90	35	125	9	134
January 2023	90	37	127	6	133
February 2023	85	37	122	7	129
March 2023	83	39	122	6	128
April 2023	89	38	127	6	133
May 2023	79	37	116	7	123
June 2023	72	34	106	6	112
<b>FY 2022-23 Average</b>	<b>83</b>	<b>35</b>	<b>118</b>	<b>7</b>	<b>125</b>
July 2023	82	37	119	6	125
August 2023	92	33	125	8	133
September 2023	81	34	115	7	122
October 2023					
November 2023					
December 2023					
January 2024					
February 2024					
March 2024					
April 2024					
May 2024					
June 2024					
<b>FY 2023-24 Average</b>	<b>84</b>	<b>35</b>	<b>119</b>	<b>7</b>	<b>126</b>

Note:

4D Psychiatric Unit was reopened on 10/26/20.

Medical includes Nursery II (Intensive Care Newborn), and excludes Nursery I (Newborn - well baby).

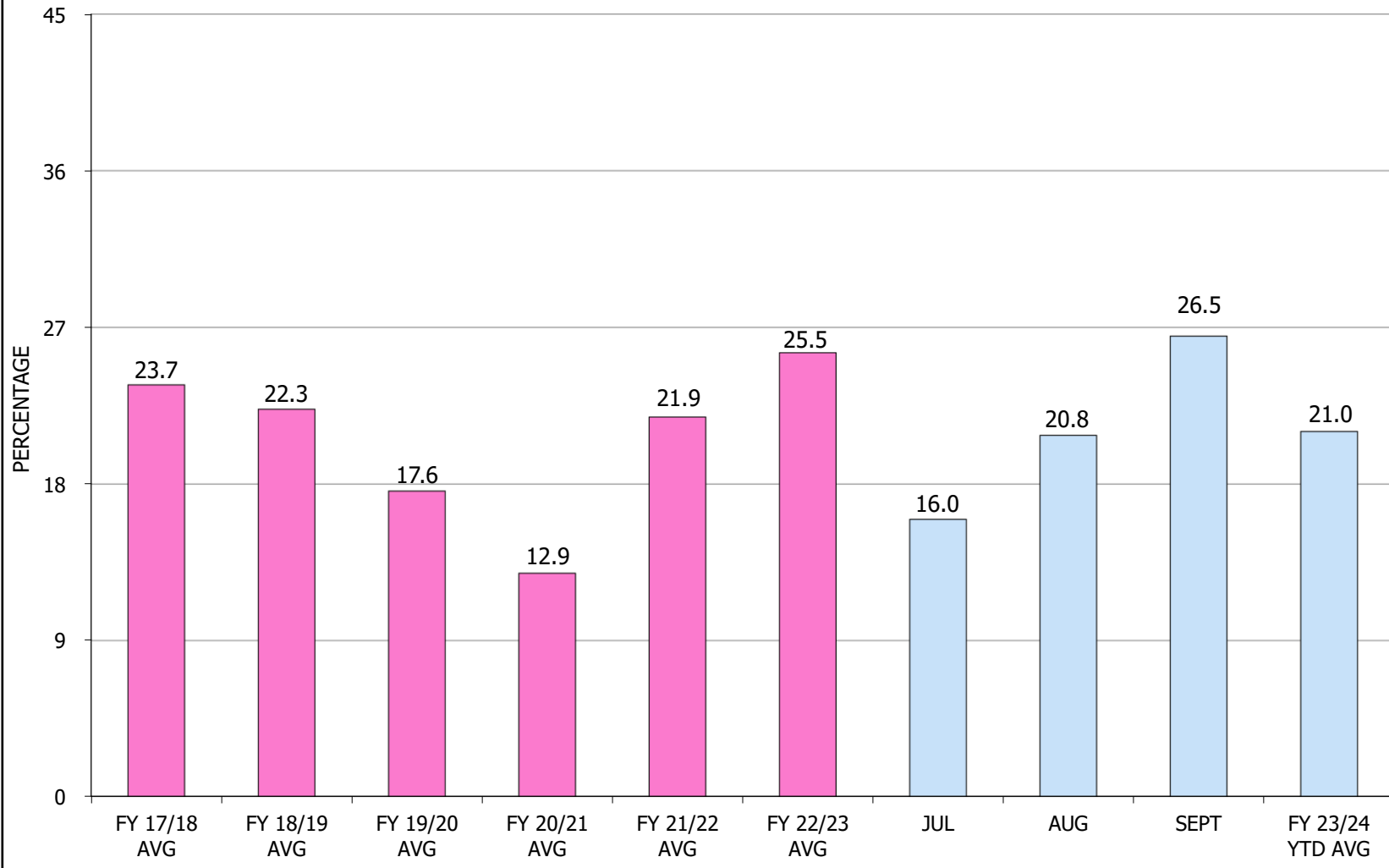
**CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT  
CONTRA COSTA REGIONAL MEDICAL CENTER  
AVERAGE LENGTH OF STAY  
FISCAL YEAR COMPARISON**



- EXCLUDES NURSERY I (NEWBORN WELL BABY).
- 4D PSYCHIATRIC UNIT [20 BEDS] WAS SUSPENDED EFFECTIVE 11/20/2006. THIS UNIT WAS REOPENED ON 10/26/2020.

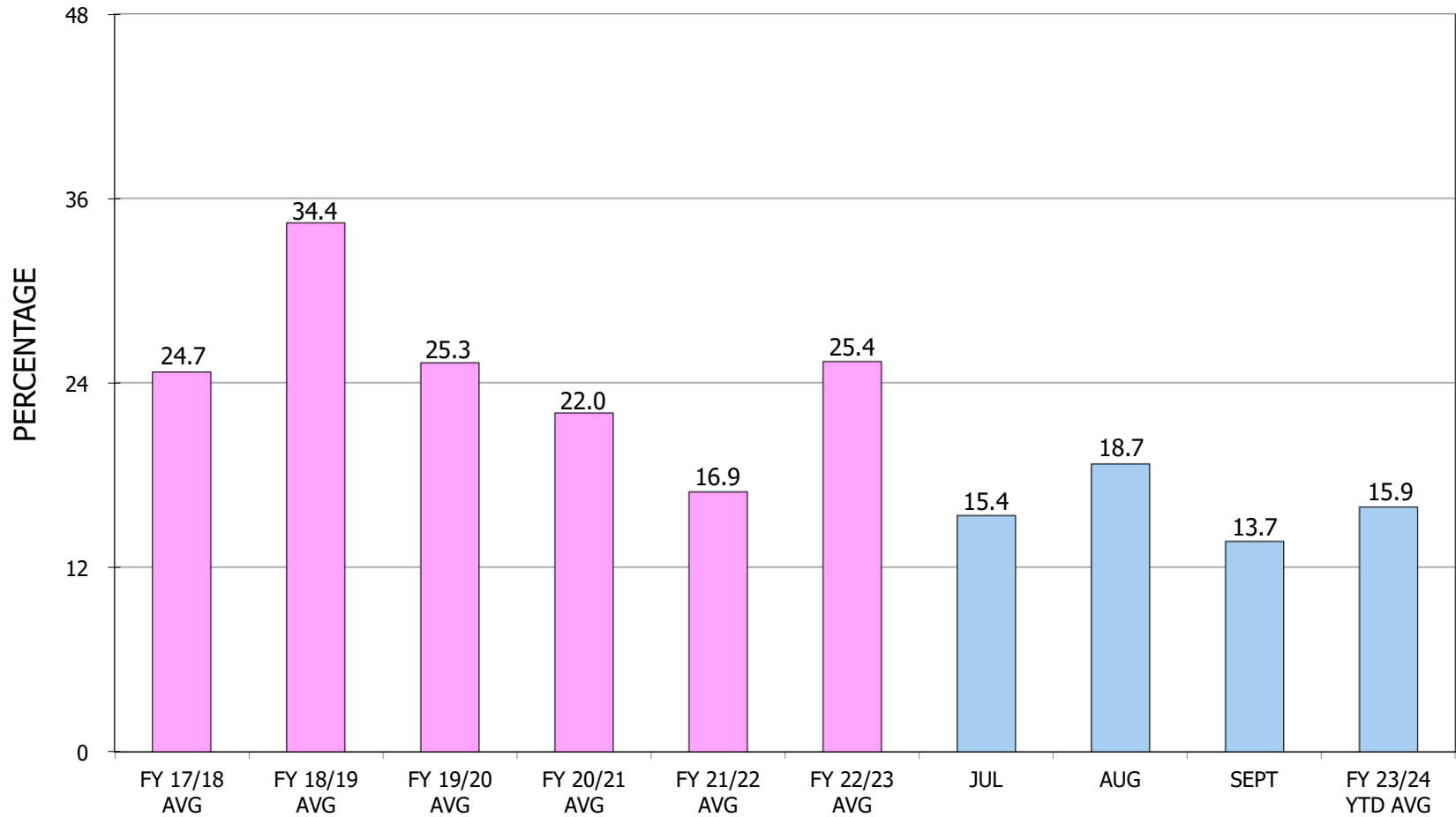
(ALOSJC18)

**CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT  
 CONTRA COSTA REGIONAL MEDICAL CENTER  
 MEDICAL ADMINISTRATIVE DAYS  
 AS A PERCENTAGE OF TOTAL MEDICAL DAYS**



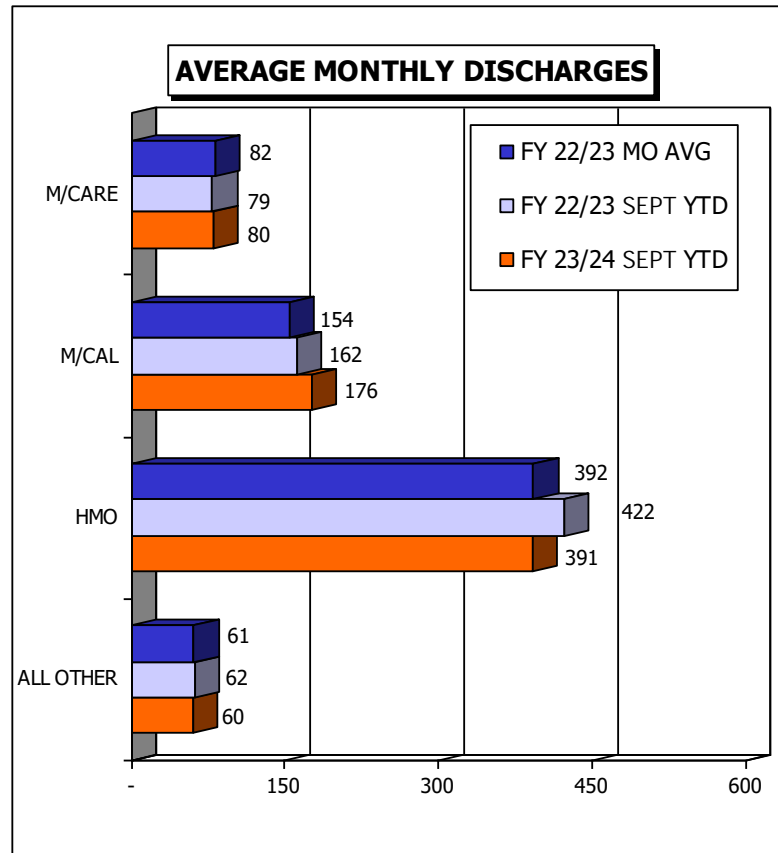
SOURCE: Utilization Management Operational Statistics.

**CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT  
 CONTRA COSTA REGIONAL MEDICAL CENTER  
 PSYCHIATRIC ADMINISTRATIVE DAYS  
 AS A PERCENTAGE OF TOTAL PSYCH DAYS**



SOURCE: Utilization Management Operational Statistics.

# CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT CONTRA COSTA REGIONAL MEDICAL CENTER & HEALTH CENTERS FISCAL YEAR COMPARISON

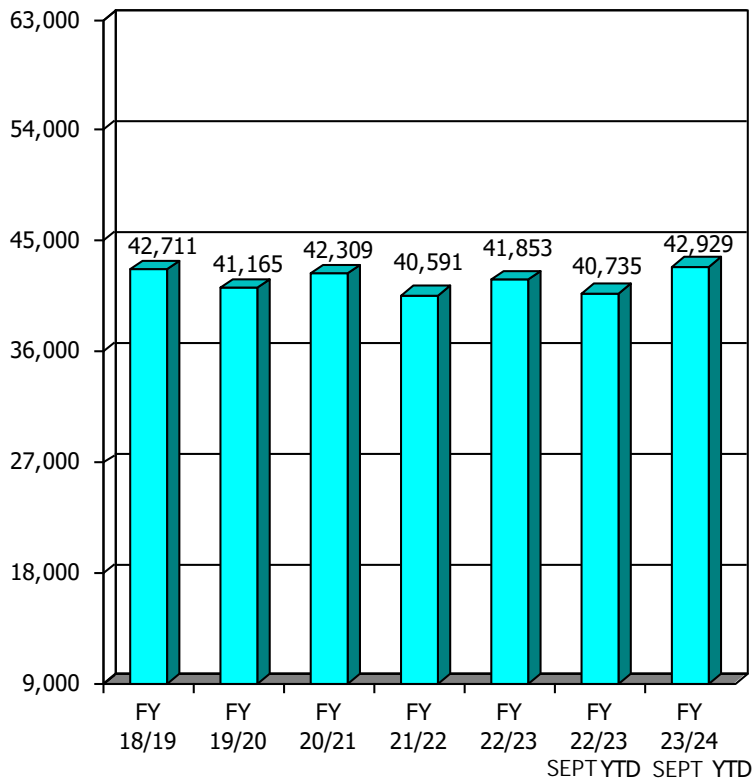


NOTE: Discharges include Psych. Outpatient visits exclude Psych Emergency visits and minimal visits.

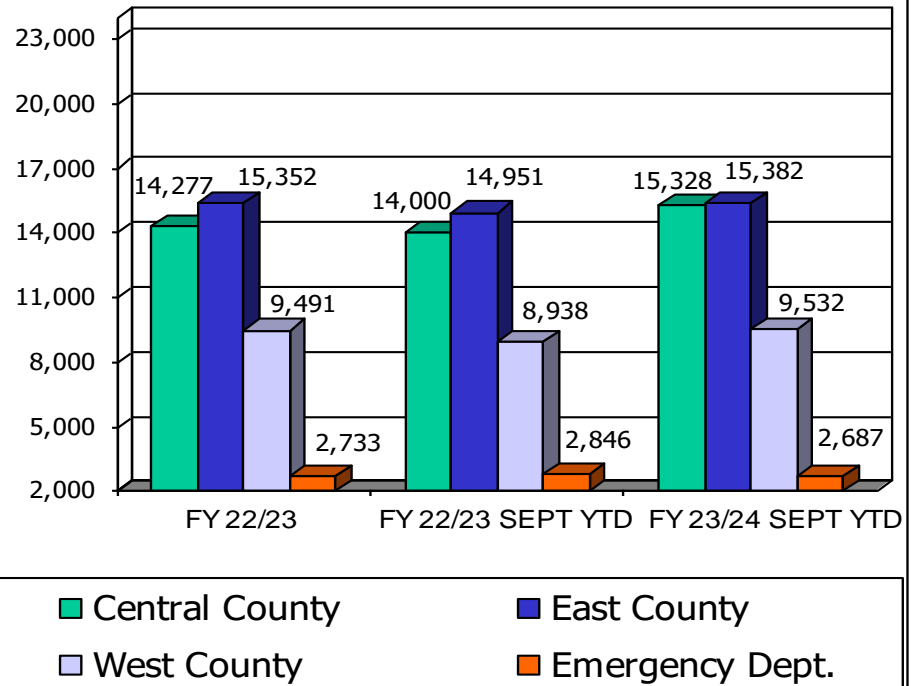
"ALL OTHER" includes Private Pay, Insurance and Other Financial Class.

# CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT CONTRA COSTA REGIONAL MEDICAL CENTER & HEALTH CENTERS FISCAL YEAR COMPARISON

**AVERAGE MONTHLY OUTPATIENT VISITS**



**AVERAGE MONTHLY OUTPATIENT VISITS BY REGION**



NOTES: OP Visits volume were adjusted starting March 2020 to exclude COVID-19 testing and TeleHealth visits performed by non-billable providers. Outpatient visits exclude Psych Emergency visits and minimal visits.

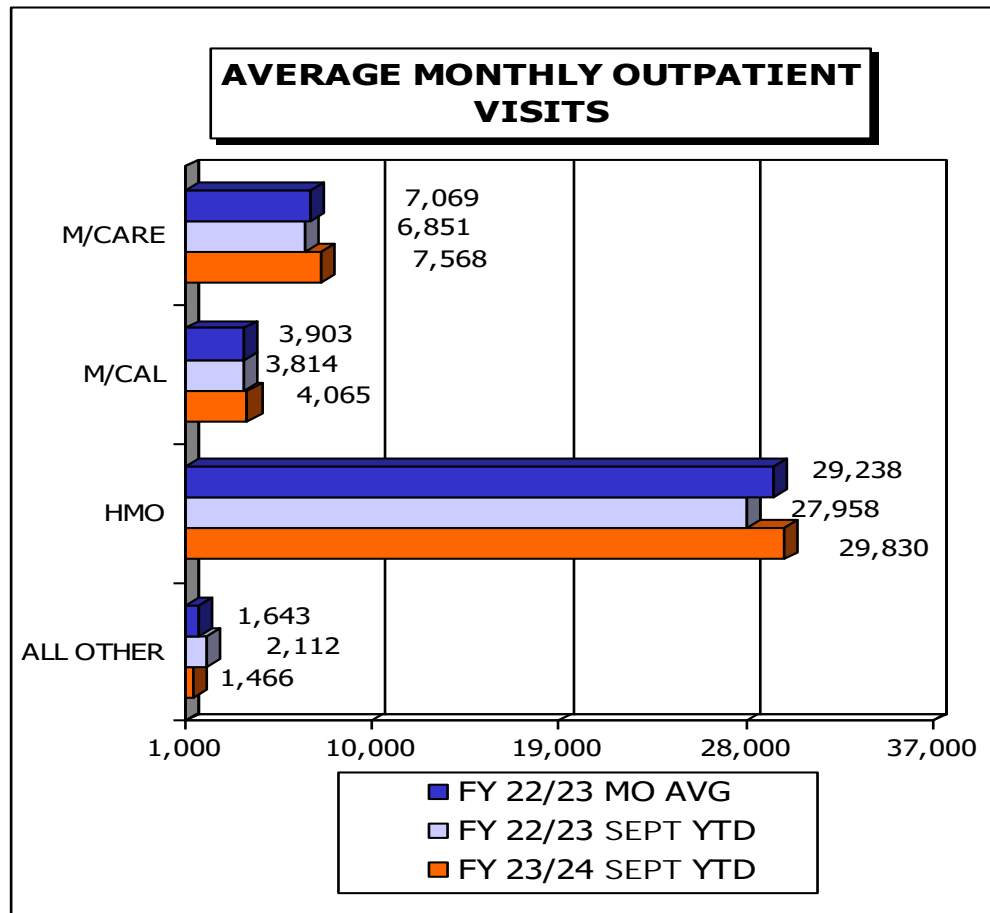
**CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT  
CONTRA COSTA COUNTY REGIONAL MEDICAL CENTER AND HEALTH CENTERS  
MEDICAL OUTPATIENT VISITS BY CLINIC  
FISCAL YEAR 2023/2024**

	<u>YTD 19/20</u> <u>AVERAGE</u>	<u>YTD 20/21</u> <u>AVERAGE</u>	<u>YTD 21/22</u> <u>AVERAGE</u>	<u>YTD 22/23</u> <u>AVERAGE</u>	<u>YTD 23/24</u> <u>AVERAGE</u>
CONCORD ADULT MED	170	157	212	378	472
CONCORD CLINIC	2,590	1,829	1,995	1,751	1,743
CONCORD SBC DENTAL (MEADOW ELEM.)	38	4	40	28	35
CONCORD RESPITE DENTAL	40	3	41	51	56
CONCORD HEALTHY START	6	4	0	0	0
CONCORD2 CLINIC	1,140	1,332	1,393	1,459	1,528
MARTINEZ DENTAL	266	240	282	268	228
MARTINEZ FAMILY PRACTICE CL	2,774	3,130	2,647	2,754	2,798
MARTINEZ ADULT MED	90	116	128	221	489
MARTINEZ HEALTHY START	184	121	181	208	201
MARTINEZ SPECIALTY CLINIC	4,965	5,163	5,242	5,353	5,718
MARTINEZ WELLNESS CLINIC ADULT MED	249	252	210	344	672
MARTINEZ WELLNESS CLINIC	1,543	2,277	1,551	1,360	1,291
MARTINEZ WELLNESS MENTAL HEALTH	298	290	278	102	97
WILLOW PASS CLINIC	107	0	0	0	0
<b>SUBTTL CENTRAL COUNTY</b>	<b>14,460</b>	<b>14,918</b>	<b>14,200</b>	<b>14,277</b>	<b>15,328</b>
ANTIOCH ADULT MED	388	277	278	477	635
ANTIOCH CLINIC	2,516	2,584	2,502	2,173	2,102
ANTIOCH HEALTHY START	21	10	1	0	0
ANTIOCH SBC DVHS DENTAL	2	0	0	0	0
ANTIOCH SBC FREMONT DENTAL	23	3	20	17	28
ANTIOCH SBC KIMBALL DENTAL	0	0	0	0	0
ANTIOCH SBC TURNER DENTAL	11	0	0	0	0
BAY POINT DENTAL	199	0	0	0	0
BAY POINT DENTAL VAN	0	0	0	13	23
BAY POINT CLINIC	184	0	56	441	484
BRENTWOOD ADULT MED	546	579	525	429	445
BRENTWOOD CLINIC	1,430	1,295	1,298	1,444	1,500
BRENTWOOD HEALTHY START	2	2	0	0	0
BRENTWOOD SBC BRENTWOOD HC DNTL	15	0	21	21	22
PITTSBURG ADULT MED	292	424	551	470	147
PITTSBURG CLINIC	8,609	9,527	8,872	9,085	9,187
PITTSBURG DENTAL	241	267	287	263	306
PHC- HCH DENTAL DELTA LANDING	0	0	4	13	17
PITTSBURG SBC HILLVIEW DENTAL	22	4	22	16	24
PITTSBURG SBC PITTSBURG HC DNTL	5	0	0	0	0
PITTSBURG HEALTHY START	483	446	520	490	462
<b>SUBTTL EAST COUNTY</b>	<b>14,989</b>	<b>15,418</b>	<b>14,957</b>	<b>15,352</b>	<b>15,382</b>
RHC/WCHC ADULT MED	318	317	361	306	476
No RICH CNTR FOR HEALTH	734	795	652	669	640
RHC/WCHC CLINIC	7,363	8,033	7,112	7,903	7,638
RHC/WCHC DENTAL	153	173	160	181	308
WCHC HOMELESS VAN DENTAL	2	0	12	12	27
WCHC SBC BROOKSIDE DENTAL	17	0	1	0	0
WCHC SBC DE ANZA DENTAL	11	0	5	7	1
WCHC SBC EL CERRITO DENTAL	4	0	0	0	0
WCHC SBC HELMS ELEMENTARY DENTAL	0	0	5	16	24
WCHC SBC KENNEDY DENTAL	47	6	45	33	35
WCHC SBC RICHMOND DENTAL	15	0	4	12	26
WCHC SBC PEDIATRICS KHS	85	0	76	117	109
RHC/WCHC SBC BEHAVIORAL HL	0	16	2	0	17
RHC/WCHC HEALTHY START	284	233	224	235	231
<b>SUBTTL WEST COUNTY</b>	<b>9,033</b>	<b>9,573</b>	<b>8,659</b>	<b>9,491</b>	<b>9,532</b>
<b>EMERGENCY DEPT [1]</b>	<b>2,683</b>	<b>2,400</b>	<b>2,775</b>	<b>2,733</b>	<b>2,687</b>
<b>TOTAL CLINICS</b>	<b>41,165</b>	<b>42,309</b>	<b>40,591</b>	<b>41,853</b>	<b>42,929</b>

Note:  
[1] Excludes PES.



# CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT CONTRA COSTA REGIONAL MEDICAL CENTER & HEALTH CENTERS FISCAL YEAR COMPARISON



NOTE: Discharges include Psych. Outpatient visits exclude Psych Emergency visits and minimal visits.

"ALL OTHER" includes Private Pay, Insurance and Other Financial Class.

**CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT  
CONTRA COSTA REGIONAL MEDICAL CENTER AND HEALTH CENTERS  
MEDICAL OUTPATIENT VISITS BY PAYOR  
FISCAL YEAR 2023/2024**

MONTH	[1]	[2]	HMO													OTHER				GRAND TOTAL			
	MEDI CARE	MEDI CARE/CAL XOVER	MEDI CAL	MEDICAL HPEP	BHC	HP AFDC	HP OTMCAL	HP SPD	HP MCE (TRANS)	HP MCE (NEW)	HP HLT F.MCAL	HP M-XOVER	HP M-SR	HP PVT	HP HIX	TTL HMO	PVT PAY (CASH)	INS	ID/ JAIL		ID/ OTHER	CHDP OTHER	TOTAL OTHER
JULY	6,287	744	3,059	443	-	9,849	124	3,499	-	10,794	818	-	-	1,914	-	26,998	601	695	138	16	-	154	38,981
AUGUST	7,141	944	3,885	440	-	12,303	176	3,989	-	13,083	1,170	-	-	2,233	-	32,954	528	785	121	29	-	150	46,827
SEPTEMBER	6,710	880	3,912	457	-	11,050	156	3,677	-	11,646	1,057	-	-	1,952	-	29,538	557	769	140	17	-	157	42,980
OCTOBER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
NOVEMBER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
DECEMBER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
JANUARY	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
FEBRUARY	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MARCH	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
APRIL	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MAY	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
JUNE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>TOTAL VISITS YTD</b>	<b>20,138</b>	<b>2,568</b>	<b>10,856</b>	<b>1,340</b>	<b>-</b>	<b>33,202</b>	<b>456</b>	<b>11,165</b>	<b>-</b>	<b>35,523</b>	<b>3,045</b>	<b>-</b>	<b>-</b>	<b>6,099</b>	<b>-</b>	<b>89,490</b>	<b>1,686</b>	<b>2,249</b>	<b>399</b>	<b>62</b>	<b>-</b>	<b>461</b>	<b>128,788</b>
YTD 23/24 AVG	6,712	856	3,619	446	0	11,067	152	3,722	0	11,841	1,015	0	0	2,033	0	29,830	562	750	133	21	0	154	42,929
FY 22/23 AVG	5,359	1,710	3,503	400	0	11,015	125	3,679	0	11,300	1,084	0	0	2,035	0	29,238	383	1,088	134	38	0	172	41,853
<b>VARIANCE</b>	<b>1,353</b>	<b>(854)</b>	<b>116</b>	<b>46</b>	<b>0</b>	<b>52</b>	<b>27</b>	<b>43</b>	<b>0</b>	<b>541</b>	<b>(69)</b>	<b>0</b>	<b>0</b>	<b>(2)</b>	<b>0</b>	<b>592</b>	<b>179</b>	<b>(338)</b>	<b>(1)</b>	<b>(17)</b>	<b>0</b>	<b>(18)</b>	<b>1,076</b>
YTD Workdays	63	63	63	63	63	63	63	63	63	63	63	63	63	63	63	63	63	63	63	63	63	63	63
FY 23/24 Visits per Wkday	320	41	172	21	0	527	7	177	0	564	48	0	0	97	0	1,420	27	36	6	1	0	7	2,044
Average Workdays	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21
FY 22/23 Visits per Wkday	256	82	167	19	0	527	6	176	0	540	52	0	0	97	0	1,398	18	52	6	2	0	8	2,001

Notes:

- [1] Medicare includes Medicare Part B.
- [2] Medicare/Medi-cal Crossover includes Medicare Part B/Medi-cal Crossover.

**CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT  
CONTRA COSTA REGIONAL MEDICAL CENTER AND HEALTH CENTERS  
FY 23-24 BUDGET COMPARISON  
SEPTEMBER 2023  
(In Millions)**

	FY 23/24 Adopted Budget	SEPTEMBER 2023 Projection	(Over) Under Budget
<b>Expenditures:</b>			
Salaries & Employee Benefits	\$515.62	\$526.87	(\$11.25)
Services & Supplies	\$276.28	\$273.90	\$2.38
Capital <sup>[5]</sup>	\$15.24	\$80.56	(\$65.32)
<b>Total Expenditures</b>	<b>\$807.13</b>	<b>\$881.33</b>	<b>(\$74.20)</b>
<b>Revenues:</b>			
Medicare	\$40.64	\$41.32 <sup>[4]</sup>	(\$0.68)
Medi-Cal <sup>[1]</sup>	\$531.49	\$541.39	(\$9.90)
Other Revenue <sup>[2]</sup>	\$104.52	\$104.99	(\$0.47)
Capital <sup>[5]</sup>	\$15.24	\$80.56	(\$65.32)
<b>Total Revenues</b>	<b>\$691.89</b>	<b>\$768.26</b>	<b>(\$76.38)</b>
<b>Net County Cost</b>	<b>\$115.25 <sup>[3]</sup></b>	<b>\$113.06</b>	<b>\$2.19</b>

**NOTES:**

- [1] Includes Direct Service and Supplemental Payments.
- [2] Includes Private Pay, Detention, Other Income.
- [3] Includes \$73.2M county contribution plus \$42M Measure X.
- [4] Includes Medicare Reserve W/O & recognized revenue items adjustments.
- [5] Includes Leases, Equipment, Projects.

**ACCOUNTS RECEIVABLE**

	JULY	AUGUST	SEPTEMBER
EPIC Total Accounts Receivable	\$96,304,313	\$112,013,389	\$121,721,841
Percent Accounts Receivable over 180 days	19%	17%	15%
Gross Days of Revenue in Accounts Receivable *	46	52	55

\* Accounts Receivable at End of the Month / Average Daily Revenue for the 3 Most Current Months.

**CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT  
CONTRA COSTA REGIONAL MEDICAL CENTER AND HEALTH CENTERS  
STATISTICAL COMPARISON**

**SEPTEMBER 2023**

	<b>This Month</b>	<b>This Month Last Year</b>	<b>This Year To Date</b>	<b>Last Year To Date</b>
<b>TOTAL PATIENTS ADMITTED</b>	672	700	2,121	2,147
CCU	35	33	117	111
MEDICAL TELEMETRY	13	38	55	83
MEDICAL	85	110	330	330
SURGICAL	84	93	249	238
IMCU	68	68	215	201
PERINATAL	5	(1)	15	12
POSTPARTUM	150	146	447	481
NURSERY II	10	7	19	36
SUB-TOTAL MEDICAL	450	494	1,447	1,492
PSYCH UNITS	73	55	224	174
NURSERY I (WELL BABY)	149	151	450	481
<b>TOTAL PATIENTS DISCHARGED</b>	683	717	2,122	2,175
CCU	18	18	53	63
MEDICAL TELEMETRY	19	36	73	104
MEDICAL	119	138	420	386
SURGICAL	102	106	289	292
IMCU	40	44	126	133
PERINATAL	6	2	12	11
POSTPARTUM	151	153	454	495
NURSERY II	18	27	59	74
SUB-TOTAL MEDICAL	473	524	1,486	1,558
PSYCH UNITS	72	60	226	172
NURSERY I (WELL BABY)	138	133	410	445
<b>TOTAL PATIENT DAYS</b>	3,650	3,517	11,625	11,345
CCU	127	130	381	443
MEDICAL TELEMETRY	232	220	720	687
MEDICAL	659	609	2,172	1,938
SURGICAL	673	651	2,224	2,108
IMCU	226	244	746	754
PERINATAL	140	112	406	399
POSTPARTUM	268	233	798	789
NURSERY II	86	108	319	357
SUB-TOTAL MEDICAL	2,411	2,307	7,766	7,475
PSYCH UNITS	1,016	1,012	3,186	3,166
NURSERY I (WELL BABY)	223	198	673	704
<b>AVERAGE DAILY CENSUS</b>	121.67	117.23	126.36	123.32
CCU	4.23	4.33	4.14	4.82
MEDICAL TELEMETRY	7.73	7.33	7.83	7.47
MEDICAL	21.97	20.30	23.61	21.07
SURGICAL	22.43	21.70	24.17	22.91
IMCU	7.53	8.13	8.11	8.20
PERINATAL	4.67	3.73	4.41	4.34
POSTPARTUM	8.93	7.77	8.67	8.58
NURSERY II	2.87	3.60	3.47	3.88
SUB-TOTAL MEDICAL	80.37	76.90	84.41	81.25
PSYCH UNITS	33.87	33.73	34.63	34.41
NURSERY I (WELL BABY)	7.43	6.60	7.32	7.65
<b>OCCUPANCY %</b>				
	<b>LIC BEDS</b>	<b>AVAIL BEDS</b>		
CCU	8	8	52.92	60.19
MEDICAL TELEMETRY	8	8	96.67	93.34
MEDICAL	30	30	73.22	70.22
SURGICAL	30	30	74.78	76.38
IMCU	10	10	75.33	81.96
PERINATAL	11	11	42.42	43.30
POSTPARTUM	21	21	42.54	40.84
NURSERY LEVEL II *	6	6	47.78	64.67
SUB-TOTAL MEDICAL	124	124	64.81	69.40
PSYCH UNITS	43	43	78.76	80.03
TOTAL	167	167	68.40	72.26

\* NOTE: Excludes well newborn bassinets (Nursery Level I).

**CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT  
CONTRA COSTA REGIONAL MEDICAL CENTER AND HEALTH CENTERS  
STATISTICAL COMPARISON**

**SEPTEMBER 2023**

	This Month	This Month Last Year	This Year To Date	Last Year To Date	
<b>TOTAL OUTPATIENT VISITS</b>	43,551	42,903	130,501	123,939	
ANTIOCH CLINIC	2,208	2,207	6,305	6,383	(f)
ANTIOCH ADULT MEDICINE CL	630	437	1,904	1,237	
ANTIOCH HEALTHY START	1	0	1	0	
ANTIOCH - SBC FREMONT DENTAL	40	7	83	42	
BRENTWOOD CLINIC/HOME/SNF	1,644	1,487	4,501	3,986	(f)
BRENTWOOD ADULT MEDICINE CL	415	372	1,336	1,335	(f)
BRENTWOOD SBC BRENTWOOD HC DENTAL	16	28	65	68	
BAY POINT FHC	489	442	1,452	1,165	
BAY POINT - DENTAL VAN	11	2	69	2	
PITTSBURG ADULT MEDICINE CL	172	472	442	1,721	(f)
PITTSBURG - DENTAL	256	308	917	934	(f)
PHC-HCH DENTAL DELTA LANDING	16	4	51	34	
PITTSBURG - SBC HILLVIEW DENTAL	21	14	72	47	
PITTSBURG CLINIC/HOME	8,999	9,008	27,561	26,509	(f)
PITTSBURG HEALTHY START	443	433	1,388	1,392	(f)
SUB-TOTAL EAST COUNTY	15,361	15,221	46,147	44,855	
CONCORD CLINIC	1,794	1,974	5,229	5,538	(f)
CONCORD 2 CLINIC	1,646	1,565	4,585	4,178	(f)
CONCORD ADULT MEDICINE CL	402	306	1,415	854	(f)
CONCORD SBC DENTAL (MEADOW)	37	32	104	95	
CONCORD - RESPITE DENTAL	38	29	168	138	
MTZ FAMILY PRACTICE CL	2,584	2,622	8,393	7,918	(f)
MTZ ADULT MEDICINE CL	550	157	1,468	473	(f)
MTZ DENTAL CLINIC	202	314	685	956	(f)
MTZ HEALTHY START	180	208	602	606	(f)
MTZ SPECIALTY CLINIC	5,691	5,472	17,153	15,900	(f)
MWC CLINIC/ADULT MED/MH	1,956	1,941	6,180	5,341	(f)
SUB-TOTAL CENTRAL COUNTY	15,080	14,620	45,982	41,997	
RHC/WCHC CLINIC	7,810	8,141	22,914	22,495	(f)
RHC/WCHC SBC BEHAVIORIAL HEALTH/WCHC SBC PEDIATRICS KHS	126	137	379	371	
RHC/WCHC HEALTHY START	243	209	692	642	(f)
NO. RICH CNTR FOR HEALTH	623	694	1,919	1,988	
RHC/WCHC DNTAL & SBC -DE ANZA & RHC HIGH & EL CERRITO & KENNEDY - DENTAL WCHC HOMELESS VAN & BROOKSIDE & HELMS ELEM. - DENTAL	419	194	1,264	670	
RHC/WCHC ADULT MEDICINE	667	330	1,429	648	(f)
SUB-TOTAL WEST COUNTY	9,888	9,705	28,597	26,814	
EMERGENCY ROOM	2,651	2,797	8,062	8,538	
PSYCH EMERGENCY	571	560	1,713	1,735	(b)
SUB-TOTAL EMERGENCY DEPT	3,222	3,357	9,775	10,273	
<b>TOTAL LIVE BIRTHS</b>	154	151	458	497	(c)
<b>TOTAL PHYSICAL THERAPY - 15 MIN</b>	5,022	3,584	15,477	12,502	
Inpatient	1,103	1,127	3,656	3,663	
Outpatient	3,919	2,457	11,821	8,839	
<b>TOTAL OCCUPATIONAL THERAPY - 15 MIN</b>	3,009	2,722	9,837	9,350	
Inpatient	1,731	1,697	5,508	5,474	
Outpatient	1,278	1,025	4,329	3,876	
<b>TOTAL RADIOLOGY RVS UNITS</b>	4,652	4,708	14,679	13,815	(e)
Inpatient	456	486	1,516	1,498	
Outpatient	4,196	4,222	13,163	12,317	
<b>TOTAL CT SCAN PROCEDURES</b>	935	1,064	3,005	3,031	
Inpatient	208	254	813	736	
Outpatient	727	810	2,192	2,295	
<b>TOTAL NUCLEAR MED RVS UNITS</b>	7	33	10	90	
Inpatient	2	13	3	39	
Outpatient	5	20	7	51	

**CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT  
CONTRA COSTA REGIONAL MEDICAL CENTER AND HEALTH CENTERS  
STATISTICAL COMPARISON**

**SEPTEMBER 2023**

	<b>This Month</b>	<b>This Month Last Year</b>	<b>This Year To Date</b>	<b>Last Year To Date</b>	
<b>TOTAL LAB PROCEDURES</b>	66,599	64,128	202,536	189,848	(e)
Inpatient	11,120	12,328	36,360	37,358	
Outpatient	55,479	51,800	166,176	152,490	
<b>TOTAL PATHOLOGY PROCEDURES</b>	2,699	2,940	8,199	8,620	(e)
Inpatient	228	195	687	561	
Outpatient	2,471	2,745	7,512	8,059	
<b>TOTAL OPERATING ROOM MINUTES</b>	29,190	32,340	96,240	88,170	
Inpatient	10,590	11,880	38,820	36,420	
Outpatient	18,600	20,460	57,420	51,750	
<b>TOTAL SURGERY</b>	342	322	1,041	946	
Inpatient	137	143	451	440	
Outpatient (includes PACU)	205	179	590	506	
<b>TOTAL CARDIOPULMONARY/RESPIRATORY THERAPY</b>	1,771	1,989	6,588	6,079	(e)
Inpatient	1,647	1,903	6,224	5,775	
Outpatient	124	86	364	304	
<b>TOTAL PULMONARY FUNCTION SVC</b>	84	148	210	410	
Inpatient	0	1	0	1	
Outpatient	84	147	210	409	
<b>TOTAL EEG PROCEDURES</b>	25	28	70	62	
Inpatient	3	2	8	7	
Outpatient	22	26	62	55	
<b>TOTAL EKG RVS UNITS</b>	1,689	1,689	5,317	5,420	(e)
Inpatient	410	481	1,440	1,589	
Outpatient	1,279	1,208	3,877	3,831	
<b>TOTAL EMG PROCEDURES</b>	87	48	219	134	
Inpatient	0	0	0	0	
Outpatient	87	48	219	134	
<b>TOTAL PHARMACY PRESCRIPTIONS</b>	7,950	7,845	25,139	24,130	(d)
Inpatient	7,868	7,773	24,900	23,929	
Outpatient	82	72	239	201	
	<b>FYE 2023</b>	<b>FYE 2022</b>	<b>FYE 2021</b>	<b>FYE 2020</b>	
<b>CASE MIX INDEX</b>					
Medicare	1.453305	1.301625	1.346536	1.417241	

**NOTES:**

- (a) No available beds in Nursery I, only bassinets.
- (b) Mental Health Division Outpatient Visits/MHS 464 report. This month's number is based on prior month YTD average. Current data not available.
- (c) CCRMC Birth Register.
- (d) HCAI (formerly known as OSHPD) Statistics (/Prescription Statistics and Inventory report manually prepared by Pharmacy staff.
- (e) HCAI (formerly known as OSHPD) Qty Reports starting March 2020 were revised due to new Procedure Codes added. Mostly for Clinical Lab and Radiology. Source: RES RHB2312.
- (f) OP Visits volume reports were adjusted starting March 2020 to exclude COVID-19 Testing and Telehealth Visits performed by non-billable providers.
- (g) 4D Psychiatric unit (20 beds) was reopened on 10/26/20.

CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT

SCHOOL BASED CLINICS

NUMBER OF VISITS

PER PUBLIC HEALTH DEPT.

FISCAL YEARS COMPARISON

FY 2020/2021 thru YTD 09/30/2023

	2023			2024							FY 23/24	FY 23/24	FY 22/23	FY 21/22	FY 20/21		
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD	Mo. Avg.	Mo. Avg.	Mo. Avg.	Mo. Avg.
<b>West County</b>																	
Deanza High School	22	8	99										129	43	69	24	-
Deanza High-Dental	-	-	4										4	1	7	5	-
El Cerrito High School	-	10	41										51	17	28	19	-
Helms Middle School - Behavioral Hlth	7	19	26										52	17	-	2	12
Helms Middle School - Dental	13	31	27										71	24	13	3	-
Hercules High School	-	5	42										47	16	19	15	-
John Swett High	-	4	12										16	5	4	3	-
Kennedy High School	10	-	24										34	11	30	12	-
Kennedy High School - Dental	26	34	45										105	35	33	39	-
Pinole High School	-	8	52										60	20	39	23	-
Richmond High School	-	-	66										66	22	41	15	-
Richmond High School-Dental	33	31	14										78	26	11	5	-
	<b>111</b>	<b>150</b>	<b>452</b>										<b>713</b>	<b>238</b>	<b>293</b>	<b>164</b>	<b>12</b>
<b>Pittsburg</b>																	
Antioch High School	18	29	55										102	34	32	17	-
Antioch Middle School	-	-	-										-	-	2	5	-
Bidwell High	-	-	-										-	-	5	5	-
Black Diamond High School/Riverside	4	13	19										36	12	7	5	-
Deer Valley High School	-	20	64										84	28	26	16	-
Dozier Libbey	-	17	13										30	10	11	-	-
Freedom High	-	43	45										88	29	30	12	-
Hillview Middle - Dental	21	30	21										72	24	16	22	4
Liberty High	1	42	42										85	28	35	10	-
Pittsburg Health Center	49	54	-										103	34	0	-	-
Pittsburg High School	20	47	124										191	64	55	26	-
PHC SBC BH (Behavioral Health for East County schools)	-	-	-										-	-	-	28	16
	<b>113</b>	<b>295</b>	<b>383</b>										<b>791</b>	<b>264</b>	<b>218</b>	<b>144</b>	<b>20</b>
<b>Concord</b>																	
Concord High School	-	18	39										57	19	20	9	-
Fair Oaks Elementary	-	-	-										-	-	1	-	-
Meadow Homes Elementary	30	23	-										53	18	13	12	-
Meadow Homes Dental	34	33	37										104	35	28	38	4
Mt. Diablo High School	-	17	60										77	26	27	19	-
Oak Grove Middle	-	-	-										-	-	1	-	-
Olympic High School	-	-	-										-	-	7	4	-
Sun Terrace Elementary	-	-	-										-	-	-	-	-
Ygnacio Valley High School	-	19	52										71	24	21	14	-
	<b>64</b>	<b>110</b>	<b>188</b>										<b>362</b>	<b>121</b>	<b>117</b>	<b>96</b>	<b>4</b>
<b>Brentwood</b>																	
Brentwood HC - Dental	19	30	16										65	22	20	21	-
	19	30	16										65	22	20	21	-
<b>Antioch</b>																	
Fremont Elementary - Dental	19	24	40										83	28	18	20	3
	19	24	40										83	28	18	20	3
<b>GRAND TOTAL</b>	<b>326</b>	<b>609</b>	<b>1,079</b>										<b>2,014</b>	<b>671</b>	<b>665</b>	<b>444</b>	<b>39</b>

NOTES:

- Visits decreased in FY 20/21 due to "Shelter-in-place" mandate by the State Governor in relation to COVID 19 pandemic.
- This report excludes SBC Pediatrics.

CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT  
CONTRA COSTA REGIONAL MEDICAL CENTER  
INPATIENT ADMISSIONS BY COUNTY LOCATION

YTD SEPTEMBER 2023

COUNTY/UNIT/MONTH	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	FY 23/24 Total	FY 23/24 Mo. Avg.	FY 22/23 Mo. Avg.	FY 21/22 Mo. Avg.	FY 20/21 Mo. Avg.
<b>Central</b>																	
Medical	156	151	193										500	166.7	169.4	178.8	174.3
Psych	18	28	18										64	21.3	20.3	21.4	21.4
<b>Total Admissions</b>	<b>174</b>	<b>179</b>	<b>211</b>										<b>564</b>	<b>188.0</b>	<b>189.8</b>	<b>200.2</b>	<b>195.7</b>
<b>EAST</b>																	
Medical	164	220	174										558	186.0	204.0	203.0	189.8
Psych	17	25	19										61	20.3	17.3	20.8	20.9
<b>Total Admissions</b>	<b>181</b>	<b>245</b>	<b>193</b>										<b>619</b>	<b>206.3</b>	<b>221.3</b>	<b>223.8</b>	<b>210.8</b>
<b>WEST</b>																	
Medical	214	271	236										721	240.3	229.8	238.1	227.6
Psych	8	22	29										59	19.7	15.6	15.3	13.6
<b>Total Admissions</b>	<b>222</b>	<b>293</b>	<b>265</b>										<b>780</b>	<b>260.0</b>	<b>245.4</b>	<b>253.3</b>	<b>241.2</b>
<b>OTHER</b>																	
Medical	96	26	-4										118	39.3	23.6	26.0	23.2
Psych	35	-2	7										40	13.3	8.2	8.1	7.9
<b>Total Admissions</b>	<b>131</b>	<b>24</b>	<b>3</b>										<b>158</b>	<b>52.7</b>	<b>31.8</b>	<b>34.1</b>	<b>31.1</b>
<b>TOTAL</b>																	
<b>Medical Total</b>	<b>630</b>	<b>668</b>	<b>599</b>										<b>1,897</b>	<b>632.3</b>	<b>626.8</b>	<b>645.8</b>	<b>614.8</b>
<b>Psych Total</b>	<b>78</b>	<b>73</b>	<b>73</b>										<b>224</b>	<b>74.7</b>	<b>61.3</b>	<b>65.5</b>	<b>63.8</b>
<b>Grand Total</b>	<b>708</b>	<b>741</b>	<b>672</b>										<b>2,121</b>	<b>707.0</b>	<b>688.2</b>	<b>711.3</b>	<b>678.7</b>

NOTES:

- Based on patient's most current zip code at time of report; includes prior adjustments.
- 4D Psychiatric Unit was reopened on 10/26/20.

Source: EPIC - Patient Origin Report (RHB 3360)



CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT  
 CONTRA COSTA REGIONAL MEDICAL CENTER & HEALTH CENTER  
 OUTPATIENT VISITS & ED VISITS BY REGION

YTD SEPT 2023

Source: EPIC Patient Origin Report (RHB 3360)

REGION	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	FY 23/24 Total	FY 23/24 Mo. Avg.	FY 22/23 Mo. Avg.	FY 21/22 Mo. Avg.
<b>Central</b>																
<b>OP Visits</b>																
Antioch Health Center	100	208	146										454	152	116	88
Bay Point Health Center	33	58	36										127	42	49	5
Brentwood Health Center	76	83	112										271	90	84	70
Concord Health Center	2,575	3,068	3,089										8,732	2,911	2,853	2,811
Martinez Health Center	5,673	7,084	6,310										19,067	6,356	6,202	6,167
Pittsburg Health Center	569	715	667										1,951	650	615	645
West County Health Center	245	299	321										865	288	259	195
Willow Pass Wellness Center	0	0	0										0	0	0	0
*Other	0	0	38										38	13	12	27
<b>sub-total</b>	<b>9,271</b>	<b>11,515</b>	<b>10,719</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>31,505</b>	<b>10,502</b>	<b>10,190</b>	<b>10,008</b>
<b>ED Visits</b>	900	943	978										<b>2,821</b>	<b>940</b>	<b>902</b>	<b>940</b>
<b>Total</b>	<b>10,171</b>	<b>12,458</b>	<b>11,697</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>34,326</b>	<b>11,442</b>	<b>11,092</b>	<b>10,948</b>
<b>EAST</b>																
<b>OP Visits</b>																
Antioch Health Center	2,121	2,520	2,742										7,383	2,461	2,459	2,635
Bay Point Health Center	413	456	489										1,358	453	369	47
Brentwood Health Center	1,449	1,923	1,969										5,341	1,780	1,718	1,698
Concord Health Center	672	774	840										2,286	762	670	650
Martinez Health Center	2,134	2,716	2,526										7,376	2,459	2,091	1,991
Pittsburg Health Center	7,770	9,918	9,490										27,178	9,059	9,256	9,082
West County Health Center	304	397	454										1,155	385	233	144
Willow Pass Wellness Center	0	0	0										0	0	0	0
*Other	0	0	40										40	13	13	27
<b>sub-total</b>	<b>14,863</b>	<b>18,704</b>	<b>18,550</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>52,117</b>	<b>17,372</b>	<b>16,809</b>	<b>16,273</b>
<b>ED Visits</b>	604	631	571										<b>1,806</b>	<b>602</b>	<b>640</b>	<b>644</b>
<b>Total</b>	<b>15,467</b>	<b>19,335</b>	<b>19,121</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>53,923</b>	<b>17,974</b>	<b>17,449</b>	<b>16,917</b>

CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT  
 CONTRA COSTA REGIONAL MEDICAL CENTER & HEALTH CENTER  
 OUTPATIENT VISITS & ED VISITS BY REGION

YTD SEPT 2023

Source: EPIC Patient Origin Report (RHB 3360)

REGION	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	FY 23/24 Total	FY 23/24 Mo. Avg.	FY 22/23 Mo. Avg.	FY 21/22 Mo. Avg.
<b>WEST</b>																
<b>OP Visits</b>																
Antioch Health Center	54	156	96										306	102	55	40
Bay Point Health Center	8	13	3										24	8	30	2
Brentwood Health Center	47	32	71										150	50	51	34
Concord Health Center	95	144	126										365	122	117	139
Martinez Health Center	1,949	2,306	2,236										6,491	2,164	1,898	1,922
Pittsburg Health Center	212	228	253										693	231	249	228
West County Health Center	7,667	8,943	9,036										25,646	8,549	8,534	8,015
Willow Pass Wellness Center	0	0	0										0	0	0	0
*Other	0	0	7										7	2	100	19
<b>sub-total</b>	<b>10,032</b>	<b>11,822</b>	<b>11,828</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>33,682</b>	<b>11,228</b>	<b>11,034</b>	<b>10,399</b>
<b>ED Visits</b>	939	1,031	1,004										2,974	991	1,047	1,043
<b>Total</b>	<b>10,971</b>	<b>12,853</b>	<b>12,832</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>36,656</b>	<b>12,219</b>	<b>12,081</b>	<b>11,442</b>
<b>**OTHER</b>																
<b>OP Visits</b>																
Antioch Health Center	136	119	-105										150	50	38	38
Bay Point Health Center	35	5	-28										12	4	7	3
Brentwood Health Center	104	113	-77										140	47	41	41
Concord Health Center	208	143	-115										236	79	66	74
Martinez Health Center	741	715	-6										1,450	483	419	439
Pittsburg Health Center	593	519	-503										609	203	217	302
West County Health Center	339	420	54										813	271	233	210
Willow Pass Wellness Center	0	0	0										0	0	0	0
*Other	0	0	12										12	4	66	30
<b>sub-total</b>	<b>2,156</b>	<b>2,034</b>	<b>-768</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,422</b>	<b>1,141</b>	<b>1,087</b>	<b>1,137</b>
<b>ED Visits</b>	216	147	98										461	154	144	148
<b>Total</b>	<b>2,372</b>	<b>2,181</b>	<b>-670</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,883</b>	<b>1,295</b>	<b>1,231</b>	<b>1,285</b>
<b>OP Visits Total</b>	<b>36,322</b>	<b>44,075</b>	<b>40,329</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>120,726</b>	<b>40,243</b>	<b>39,120</b>	<b>37,816</b>
<b>ED Visits Total</b>	<b>2,659</b>	<b>2,752</b>	<b>2,651</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8,062</b>	<b>2,687</b>	<b>2,733</b>	<b>2,775</b>
<b>Grand Total</b>	<b>38,981</b>	<b>46,827</b>	<b>42,980</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>128,788</b>	<b>42,930</b>	<b>41,853</b>	<b>40,591</b>

Notes:

- \* Beginning the month of January 21 and onward, OTHER was added on 02/19/21 to all regions to reflect all Public Health Department Clinics (PBH) that were not mapped to a health center.
- \*\* The OTHER region is designed to catch patients for whom there was no sufficient data to determine a region (Zip code). This will change over time as patient data gets updated therefore, some months may have negative numbers.
  - A. Based on patient's most current zip code at time of report; includes prior adjustments.
  - B. ED Visits exclude Psych ER Visits.
  - C. Report RHB 3360 was rerun on 02/19/21 due to a reporting error of unmappable zip codes. It subsequently resulted in negative values when data was mapped and placed in the correct zip codes/regions when report was rerun later in the month.

**EAST BAY SECTION  
CENSUS REPORT  
EMERGENCY DEPARTMENT  
2nd Quarter 2023**

	<i>April</i>		<i>May</i>		<i>June</i>		<i>2nd Quarter Totals</i>	
	<i>#Visits</i>	<i>IP-Admits</i>	<i>#Visits</i>	<i>IP-Admits</i>	<i>#Visits</i>	<i>IP-Admits</i>	<i>#Visits</i>	<i>IP-Admits</i>
<b><u>ALAMEDA COUNTY</u></b>								
Alameda Hospital	1,248	194	1,325	206	1,299	208	3,872	608
Alta Bates Summit - Berkeley	3,056	1,046	3,049	1,076	2,551	1,086	8,656	3,208
Alta Bates Summit - Oakland	3,163	966	3,278	993	2,739	980	9,180	2,939
Eden Medical Center	3,463	573	3,788	544	3,550	574	10,801	1,691
Highland Hospital	3,942	670	4,038	683	3,775	658	11,755	2,011
John George Psychiatric Hospital (PES)	743	210	720	228	756	211	2,219	649
Kaiser Permanente - Fremont	3,721	566	4,017	651	3,719	568	11,457	1,785
Kaiser Permanente - Oakland	5,840	1,140	6,010	1,090	5,674	1,060	17,524	3,290
Kaiser Permanente - San Leandro	6,724	840	7,101	953	6,570	869	20,395	2,662
San Leandro Hospital	2,502	270	2,509	275	2,353	268	7,364	813
St. Rose Hospital	1,930	272	2,040	256	1,885	194	5,855	722
Stanford Health Care Tri-Valley	3,315	501	3,577	535	3,432	464	10,324	1,500
UCSF Benioff Children's Hospital Oakland	3,598	427	3,667	427	3,111	387	10,376	1,241
Washington Hospital Healthcare System	4,727	472	5,147	489	4,683	490	14,557	1,451
<b><u>CONTRA COSTA COUNTY</u></b>								
Contra Costa Regional Medical Center	2,708	265	2,967	249	2,637	228	8,312	742
John Muir Med. Ctr. Concord Campus	4,916	945	5,711	952	5,016	885	15,643	2,782
John Muir Med. Ctr. Walnut Creek Campus	5,214	1,617	5,426	1,645	5,041	1,693	15,681	4,955
Kaiser Permanente - Antioch	6,352	563	6,648	572	6,094	530	19,094	1,665
Kaiser Permanente - Richmond	5,940	361	6,430	366	5,982	385	18,352	1,112
Kaiser Permanente - Walnut Creek	6,425	646	6,820	651	6,532	621	19,777	1,918
San Ramon Regional Medical Center	1,601	249	1,698	213	1,732	250	5,031	712
Sutter Delta Medical Center	4,509	376	4,788	375	4,301	329	13,598	1,080
<b><u>SOLANO COUNTY</u></b>								
Kaiser Permanente - Vacaville	4,946	607	5,326	563	4,768	539	15,040	1,709
Kaiser Permanente - Vallejo	5,572	672	5,787	669	5,438	610	16,797	1,951
NorthBay Medical Center	3,688	741	4,119	743	3,929	726	11,736	2,210
NorthBay VacaValley Hospital	2,147	129	2,314	112	2,126	116	6,587	357
Sutter Solano Medical Center	2,596	214	2,647	250	2,499	253	7,742	717

**EAST BAY SECTION  
CENSUS MONITORING REPORT  
EMERGENCY DEPARTMENT  
2nd Quarter 2023-2022 Comparison**

	<b>ED VISITS</b>			<b>INPATIENT ADMITS</b>		
	<b>2nd Qtr. 2023</b>	<b>2nd Qtr. 2022</b>	<b>% CHANGE</b>	<b>2nd Qtr. 2023</b>	<b>2nd Qtr. 2022</b>	<b>% CHANGE</b>
<b><u>ALAMEDA COUNTY</u></b>						
Alameda Hospital	3,872	3,644	6.26%	608	510	19.22%
Alta Bates Summit - Berkeley	8,656	8,558	1.15%	3,208	3,168	1.26%
Alta Bates Summit - Oakland	9,180	9,332	-1.63%	2,939	2,704	8.69%
Eden Medical Center	10,801	9,811	10.09%	1,691	1,672	1.14%
Highland Hospital	11,755	11,866	-0.94%	2,011	2,045	-1.66%
John George Psychiatric Hospital	2,219	2,337	-5.05%	649	619	4.85%
Kaiser Permanente - Fremont	11,457	10,905	5.06%	1,785	1,895	-5.80%
Kaiser Permanente - Oakland	17,524	16,754	4.60%	3,290	3,068	7.24%
Kaiser Permanente - San Leandro	20,395	18,975	7.48%	2,662	2,528	5.30%
San Leandro Hospital	7,364	6,744	9.19%	813	692	17.49%
St. Rose Hospital	5,855	5,611	4.35%	722	813	-11.19%
Stanford Health Care Tri-Valley	10,324	9,537	8.25%	1,500	1,431	4.82%
UCSF Benioff Children's Hospital Oakland	10,376	9,880	5.02%	1,241	1,191	4.20%
Washington Hospital Healthcare System	14,557	13,676	6.44%	1,451	1,295	12.05%
<b><u>CONTRA COSTA COUNTY</u></b>						
Contra Costa Regional Medical Center	8,312	8,471	-1.88%	742	919	-19.26%
John Muir Med. Ctr. Concord Campus	15,643	15,393	1.62%	2,782	2,650	4.98%
John Muir Med. Ctr. Walnut Creek Campus	15,681	14,910	5.17%	4,955	4,794	3.36%
Kaiser Permanente - Antioch	19,094	18,546	2.95%	1,665	1,436	15.95%
Kaiser Permanente - Richmond	18,352	16,480	11.36%	1,112	1,108	0.36%
Kaiser Permanente - Walnut Creek	19,777	18,800	5.20%	1,918	1,943	-1.29%
San Ramon Regional Medical Center	5,031	5,118	-1.70%	712	719	-0.97%
Sutter Delta Medical Center	13,598	12,377	9.87%	1,080	1,341	-19.46%
<b><u>SOLANO COUNTY</u></b>						
Kaiser Permanente - Vacaville	15,040	14,353	4.79%	1,709	1,649	3.64%
Kaiser Permanente - Vallejo	16,797	16,332	2.85%	1,951	1,640	18.96%
NorthBay Medical Center	11,736	11,443	2.56%	2,210	1,952	13.22%
NorthBay VacaValley Hospital	6,587	6,668	-1.21%	357	465	-23.23%
Sutter Solano Medical Center	7,742	6,456	19.92%	717	637	12.56%

**CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT  
CONTRA COSTA REGIONAL MEDICAL CENTER  
EMERGENCY DEPARTMENTS ACTIVITIES  
FY 2023/24 & PRIOR YEAR AVERAGES**

**SEPTEMBER 2023**

VISITS BY ACUITY LEVEL	2023						2024						FY23/24	FY23/24	FY22/23	FY21/22	FY20/21	FY19/20
	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL	MO AVG	MO AVG	MO AVG	MO AVG	MO AVG
Brief Evaluation	276	131	104										511	170	382	466	395	391
Limited Evaluation	571	589	541										1,701	567	603	601	551	661
Expanded Evaluation	1,356	1,477	1,424										4,257	1,419	1,324	1,264	995	1,168
Detailed Evaluation	369	451	490										1,310	437	285	249	183	217
Comprehensive Evaluation	87	104	92										283	94	139	196	276	245
Critical Care Evaluation	0	0	0										0	0	0	0	0	0
<b>TOTAL EMERGENCY VISITS</b>	<b>2,659</b>	<b>2,752</b>	<b>2,651</b>										<b>8,062</b>	<b>2,687</b>	<b>2,733</b>	<b>2,775</b>	<b>2,400</b>	<b>2,683</b>
Left Without Being Seen	173	165	104										442	147	201	149	78	126

NOTES:  
Excludes Psych ER Visits.

Source: RES2300/RES2309

CONTRA COSTA REGIONAL MEDICAL CENTER  
DISCHARGES

	2020						2021						YTD SEPT AVG	YTD 2020/21 AVG
	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN		
Medical Care	491	511	509	495	474	482	431	436	524	492	529	546	504	493
Psychiatric	51	26	29	36	55	72	65	65	74	97	91	84	35	62
Sub-total	542	537	538	531	529	554	496	501	598	589	620	630	539	555
Newborn (Well Baby)	129	115	149	124	121	120	104	95	135	106	135	119	131	121
<b>TOTAL</b>	<b>671</b>	<b>652</b>	<b>687</b>	<b>655</b>	<b>650</b>	<b>674</b>	<b>600</b>	<b>596</b>	<b>733</b>	<b>695</b>	<b>755</b>	<b>749</b>	<b>670</b>	<b>676</b>
	2021						2022						YTD SEPT AVG	YTD 2021/22 AVG
	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN		
Medical Care	532	561	507	508	446	515	485	445	570	512	552	526	533	513
Psychiatric	76	72	54	79	54	66	59	79	67	63	62	60	67	66
Sub-total	608	633	561	587	500	581	544	524	637	575	614	586	600	579
Newborn (Well Baby)	125	157	136	117	115	130	135	110	141	112	133	124	139	128
<b>TOTAL</b>	<b>733</b>	<b>790</b>	<b>697</b>	<b>704</b>	<b>615</b>	<b>711</b>	<b>679</b>	<b>634</b>	<b>778</b>	<b>687</b>	<b>747</b>	<b>710</b>	<b>739</b>	<b>707</b>
	2022						2023						YTD SEPT AVG	YTD 2022/23 AVG
	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN		
Medical Care	518	516	524	466	520	527	485	465	498	469	474	486	520	496
Psychiatric	48	64	60	64	67	69	61	47	54	58	70	73	57	61
Sub-total	566	580	584	530	587	596	546	512	552	527	544	559	577	557
Newborn (Well Baby)	156	156	133	123	135	164	129	122	123	101	132	115	148	132
<b>TOTAL</b>	<b>722</b>	<b>736</b>	<b>717</b>	<b>653</b>	<b>722</b>	<b>760</b>	<b>675</b>	<b>634</b>	<b>675</b>	<b>628</b>	<b>676</b>	<b>674</b>	<b>725</b>	<b>689</b>
	2023						2024						YTD TOTAL	YTD 2023/24 AVG
	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN		
Medical Care	491	522	473										1,486	495
Psychiatric	74	80	72										226	75
Sub-total	565	602	545										1,712	570
Newborn (Well Baby)	129	143	138										410	137
<b>TOTAL</b>	<b>694</b>	<b>745</b>	<b>683</b>										<b>2,122</b>	<b>707</b>

Notes:  
Nursery II included in Medical Care.  
4D Psychiatric unit was reopened on 10/26/20.

**CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT  
CONTRA COSTA REGIONAL MEDICAL CENTER  
ADMINISTRATIVE DAYS**

	2023/24								
	ADMINISTRATIVE DAYS			TOTAL DAYS			% OF TOTAL DAYS		
	TOTAL	TOTAL	GRAND	PSYCH	MEDICAL	TOTAL	PSYCH	MED	TOTAL
July	175	435	610	1,139	2,723	3,862	15.4	16.0	15.8
August	193	641	834	1,031	3,082	4,113	18.7	20.8	20.3
September	139	698	837	1,016	2,634	3,650	13.7	26.5	22.9
October									
November									
December									
January									
February									
March									
April									
May									
June									
<b>Total</b>	<b>507</b>	<b>1,774</b>	<b>2,281</b>	<b>3,186</b>	<b>8,439</b>	<b>11,625</b>	<b>15.9</b>	<b>21.0</b>	<b>19.6</b>

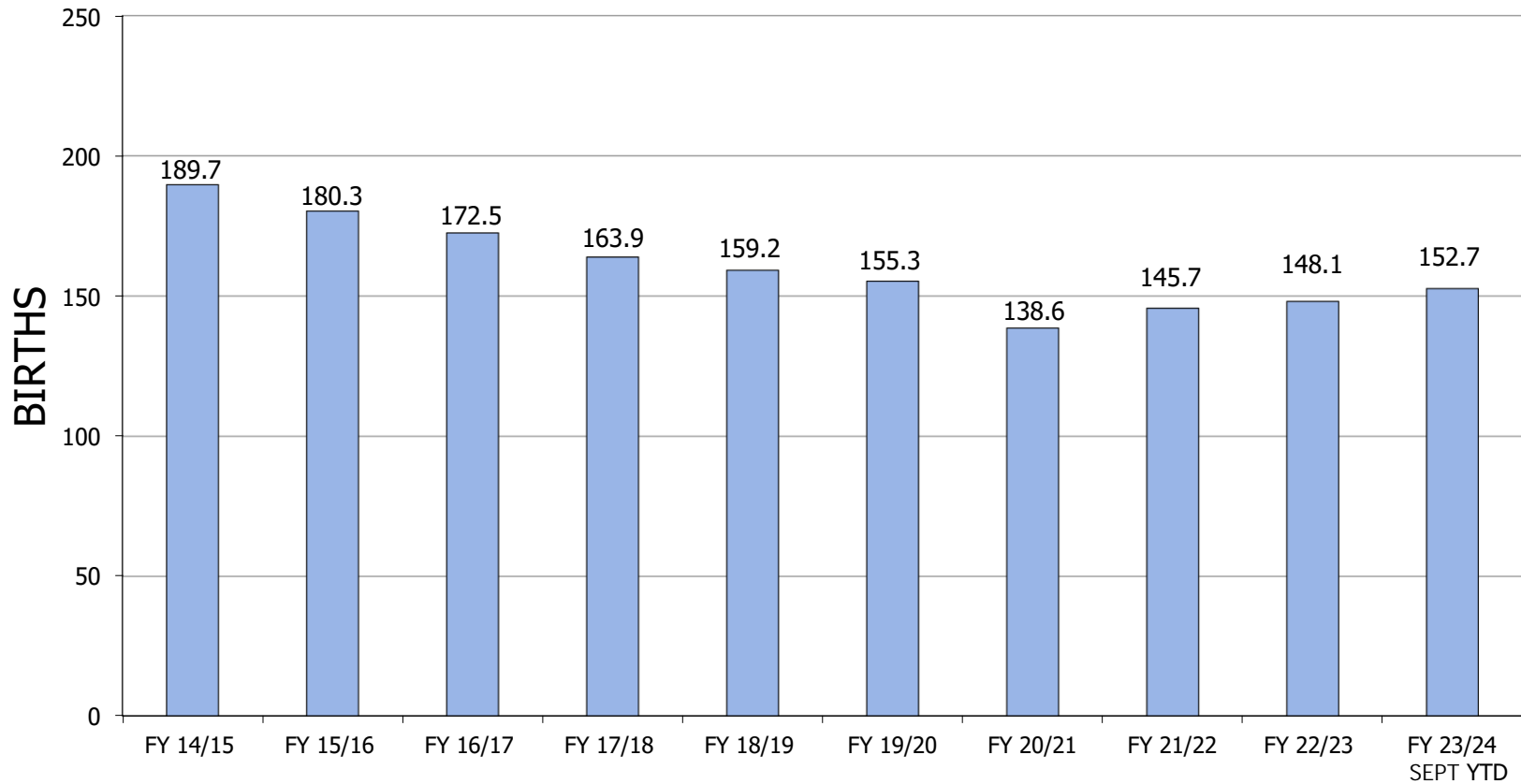
	2022/23								
	ADMINISTRATIVE DAYS			TOTAL DAYS			% OF TOTAL DAYS		
	TOTAL	TOTAL	GRAND	PSYCH	MEDICAL	TOTAL	PSYCH	MED	TOTAL
July	309	793	1,102	1,058	2,882	3,940	29.2	27.5	28.0
August	335	742	1,077	1,096	2,792	3,888	30.6	26.6	27.7
September	328	703	1,031	1,012	2,505	3,517	32.4	28.1	29.3
October	248	520	768	992	2,526	3,518	25.0	20.6	21.8
November	193	636	829	1,032	2,775	3,807	18.7	22.9	21.8
December	231	833	1,064	1,091	3,057	4,148	21.2	27.2	25.7
January	269	809	1,078	1,137	2,998	4,135	23.7	27.0	26.1
February	253	760	1,013	1,034	2,586	3,620	24.5	29.4	28.0
March	367	715	1,082	1,202	2,758	3,960	30.5	25.9	27.3
April	351	697	1,048	1,143	2,857	4,000	30.7	24.4	26.2
May	289	647	936	1,151	2,654	3,805	25.1	24.4	24.6
June	117	509	626	1,016	2,352	3,368	11.5	21.6	18.6
<b>Total</b>	<b>3,290</b>	<b>8,364</b>	<b>11,654</b>	<b>12,964</b>	<b>32,742</b>	<b>45,706</b>	<b>25.4</b>	<b>25.5</b>	<b>25.5</b>

NOTES:

- Amounts represent days actions taken on not necessarily services days provided during given month.

SOURCE: Utilization Management Operational Statistics.

**CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT  
 CONTRA COSTA REGIONAL MEDICAL CENTER  
 AVERAGE MONTHLY BIRTHS  
 FISCAL YEAR COMPARISON**



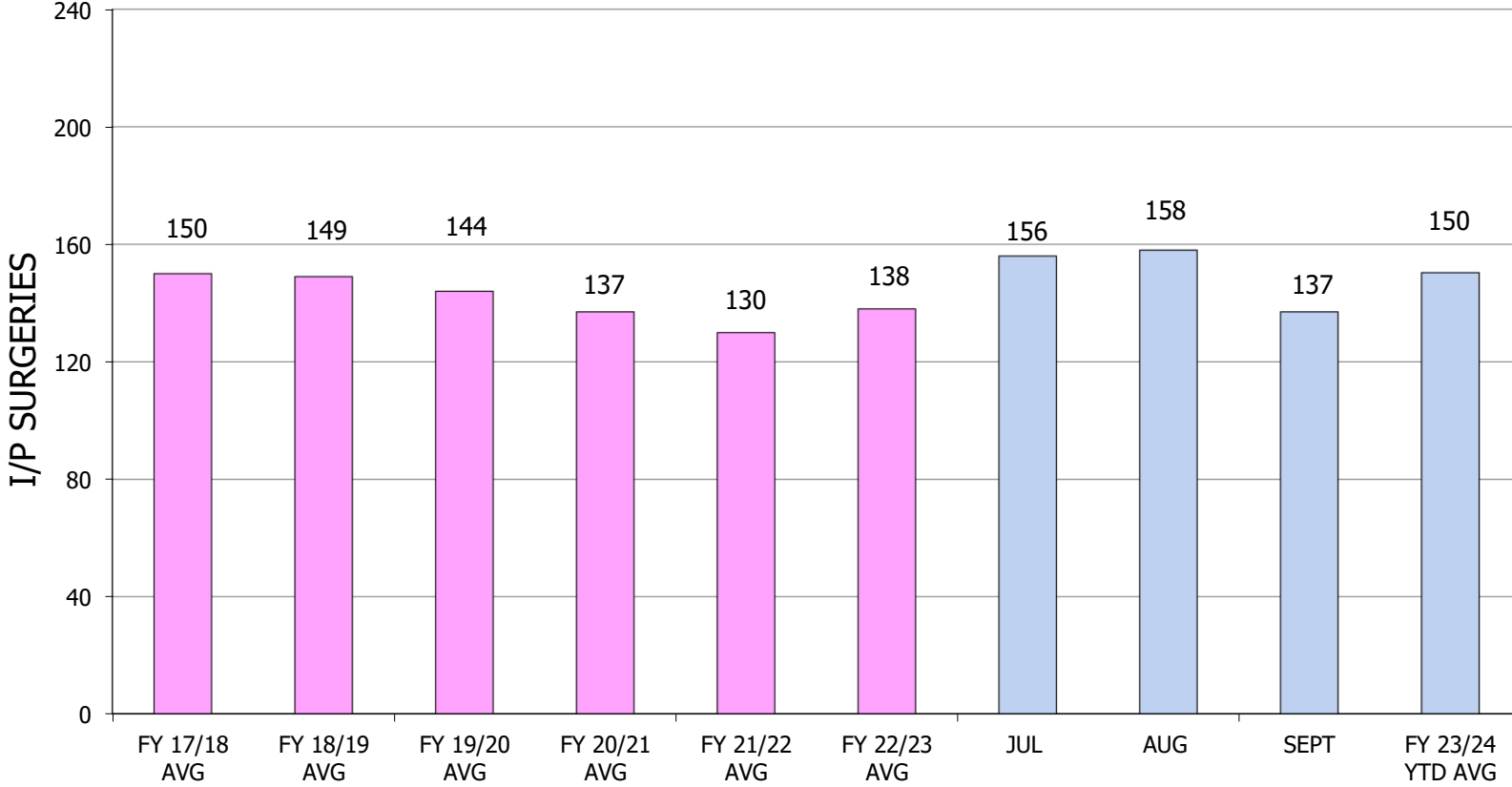


**CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT  
CONTRA COSTA REGIONAL MEDICAL CENTER AND HEALTH CENTERS  
DELIVERY STATISTICS  
by CITY of ORIGIN**

**SEPTEMBER 2023**

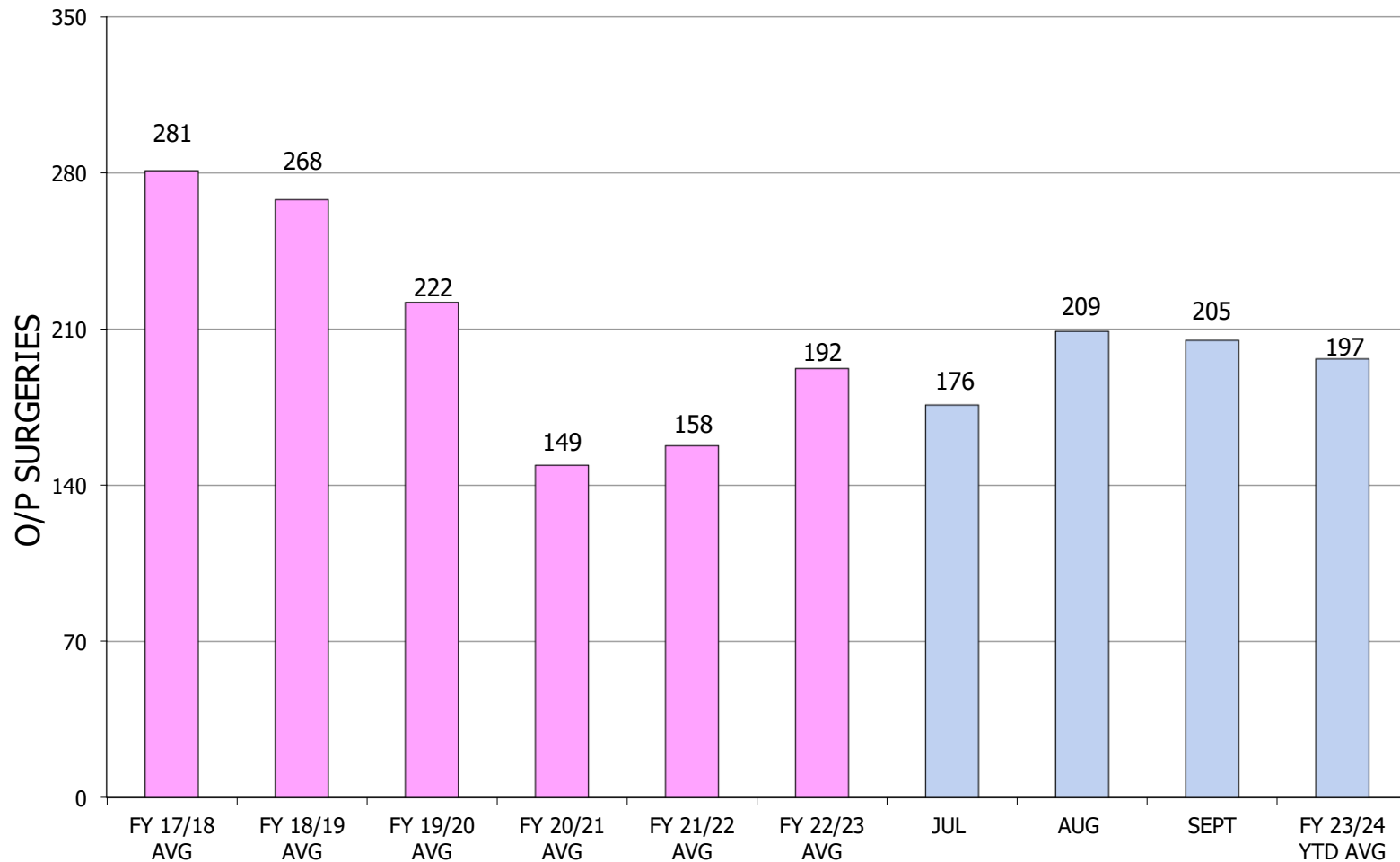
CITY	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23	2023 YTD	2023 MO AVG	2022 MO AVG	2021 MO AVG	2020 MO AVG	2019 MO AVG	2018 MO AVG
Alamo	1	0	0	0	0	0	0	0	0				1	0.1	0.1	0.0	0.2	0.1	0.0
Antioch	26	28	17	18	23	26	14	29	29				210	23.3	21.0	24.1	40.2	19.9	20.9
Bay Point	8	16	9	7	8	10	3	10	6				77	8.6	7.5	9.0	14.5	11.0	12.4
Bethel Island	0	1	2	0	0	0	1	0	0				4	0.4	0.1	0.4	0.2	0.2	0.3
Brentwood	1	0	0	1	4	4	4	5	3				22	2.4	4.2	4.4	8.2	3.8	2.4
Byron	0	0	0	0	1	0	1	0	0				2	0.2	0.2	0.2	0.3	0.3	0.3
Clayton	0	0	0	0	1	0	0	0	1				2	0.2	0.3	0.1	0.7	0.2	0.2
Concord	33	24	29	21	25	20	24	24	39				239	26.6	29.4	24.9	56.3	28.2	27.3
Crockett	0	1	0	0	0	0	0	1	1				3	0.3	0.5	0.3	0.9	0.5	0.1
Danville	0	0	0	0	1	0	0	1	0				2	0.2	0.2	0.0	0.3	0.2	0.3
Diablo	0	0	0	0	0	0	0	0	0				0	0.0	0.1	0.0	0.2	0.0	0.0
Discovery Bay	0	0	1	0	0	0	1	0	0				2	0.2	0.3	0.5	0.5	0.2	0.5
Dublin	0	0	0	1	0	0	0	0	0				1	0.1	0.0	0.0	0.0	0.0	0.1
El Cerrito	2	1	2	1	0	2	0	1	1				10	1.1	1.3	1.1	2.4	0.9	1.3
El Sobrante	2	4	4	4	3	1	5	2	1				26	2.9	3.1	2.5	5.8	2.9	3.4
Fairfield	0	0	0	0	0	0	0	0	0				0	0.0	0.1	0.0	0.2	0.1	0.4
Hercules	2	1	1	3	2	0	1	1	2				13	1.4	1.4	2.2	2.8	1.4	2.1
Knightsen	0	0	0	0	0	0	0	0	0				0	0.0	0.0	0.1	0.0	0.0	0.0
Lafayette	0	1	0	0	0	0	0	0	0				1	0.1	0.3	0.0	0.6	0.1	0.1
Martinez	2	5	1	6	4	3	7	1	3				32	3.6	4.3	5.5	8.3	4.8	3.6
Moraga	0	1	0	1	0	0	0	0	0				2	0.2	0.0	0.0	0.0	0.1	0.0
North Richmond	0	0	0	0	0	1	0	0	0				1	0.0	0.0	0.0	0.0	0.0	0.0
Oakland	1	0	0	0	0	0	0	0	0				1	0.1	0.3	0.4	0.4	0.8	0.3
Oakley	5	2	1	2	1	3	4	1	4				23	2.6	3.8	4.3	7.2	4.3	3.3
Orinda	0	0	0	0	0	0	1	0	0				1	0.1	0.0	0.0	0.0	0.0	0.2
Pacheco	0	0	0	2	0	3	1	2	0				8	0.9	0.8	1.0	1.5	0.5	0.5
Pinole	1	1	2	0	0	2	5	0	3				14	1.6	1.8	1.5	3.5	1.4	1.6
Pittsburg	32	17	21	11	18	16	21	25	11				172	19.1	20.3	15.8	39.3	17.5	18.3
Pleasant Hill	1	3	2	3	3	0	2	1	1				16	1.8	1.7	1.8	3.3	2.9	2.5
Pleasanton	0	0	0	0	0	0	0	0	0				0	0.0	0.1	0.1	0.2	0.0	0.0
Port Costa	0	0	0	0	0	0	0	0	0				0	0.0	0.0	0.1	0.0	0.0	0.1
Richmond	17	20	18	20	36	29	29	37	33				239	26.6	27.9	24.8	52.8	31.7	32.3
Rio Vista	0	0	0	0	0	0	0	0	0				0	0.0	0.1	0.0	0.2	0.0	0.1
Rodeo	2	1	1	1	1	2	0	1	0				9	1.0	2.3	1.8	4.3	2.3	1.4
San Francisco	0	0	0	0	0	0	0	0	0				0	0.0	0.0	0.0	0.0	0.0	0.0
San Pablo	5	12	17	15	9	8	12	13	8				99	11.0	13.0	11.6	14.0	15.3	15.8
San Ramon	0	0	1	0	1	1	1	0	0				4	0.4	0.8	0.5	1.0	0.8	0.3
Suisun City	0	0	0	0	0	0	0	0	0				0	0.0	0.0	0.1	0.1	0.0	0.0
Vacaville	0	0	0	0	0	0	0	0	0				0	0.0	0.1	0.0	0.0	0.0	0.1
Vallejo	1	1	1	0	1	1	1	1	1				8	0.9	0.4	0.3	0.6	0.3	0.9
Walnut Creek	3	3	3	3	2	2	2	6	6				30	3.3	3.3	1.3	2.5	2.7	2.6
Out Of Area	0	1	0	0	0	1	2	0	1				5	0.6	0.7	0.9	0.8	1.3	1.7
<b>TOTAL</b>	<b>145</b>	<b>144</b>	<b>133</b>	<b>120</b>	<b>144</b>	<b>135</b>	<b>142</b>	<b>162</b>	<b>154</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,279</b>	<b>142.0</b>	<b>151.3</b>	<b>141.3</b>	<b>147.7</b>	<b>156.3</b>	<b>157.5</b>
East County	72	64	51	39	55	59	49	70	53				512	56.9	57.2	58.8	55.6	57.1	58.4
Central County	40	38	36	37	37	29	38	36	51				342	38.0	41.7	35.3	38.5	40.8	37.6
West County	31	40	45	44	51	45	52	55	48				411	45.7	50.8	45.5	51.6	55.9	58.0
Alameda Co.	1	0	0	0	0	0	0	0	0				1	0.1	0.3	0.4	0.3	0.8	0.3
Solano County	1	1	1	0	1	1	1	1	1				8	0.9	0.6	0.3	0.8	0.3	1.4
Other	0	1	0	0	0	1	2	0	1				5	0.6	0.8	1.0	0.9	1.3	1.8
<b>TOTAL</b>	<b>145</b>	<b>144</b>	<b>133</b>	<b>120</b>	<b>144</b>	<b>135</b>	<b>142</b>	<b>162</b>	<b>154</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,279</b>	<b>142.1</b>	<b>151.3</b>	<b>141.3</b>	<b>147.7</b>	<b>156.3</b>	<b>157.4</b>

**CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT  
 CONTRA COSTA REGIONAL MEDICAL CENTER  
 I/P SURGERY DEPARTMENT OPERATING REPORT  
 FISCAL YEAR COMPARISON**



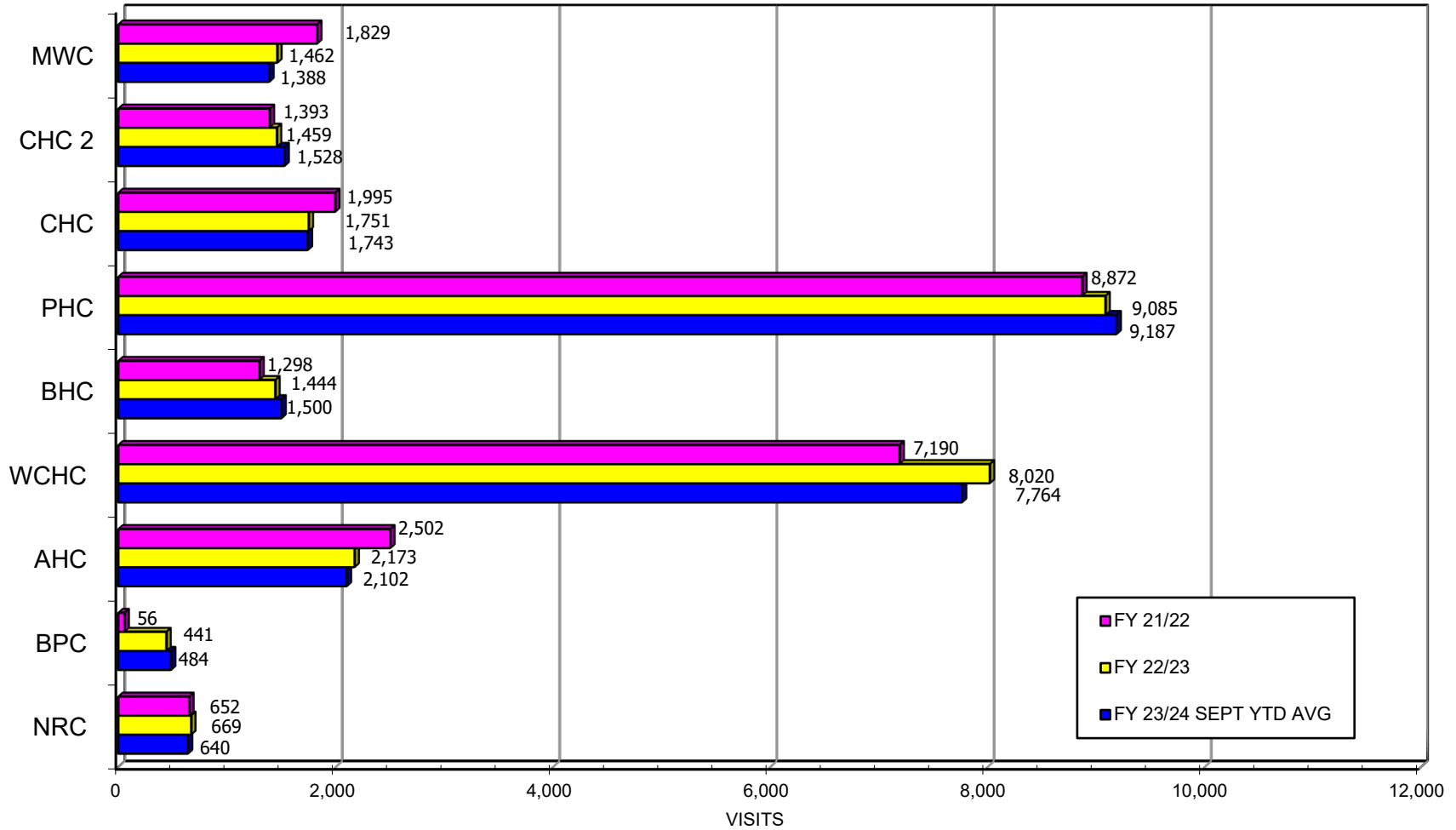
(JC13A)

**CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT  
CONTRA COSTA REGIONAL MEDICAL CENTER  
O/P SURGERY DEPARTMENT OPERATING REPORT  
FISCAL YEAR COMPARISON**



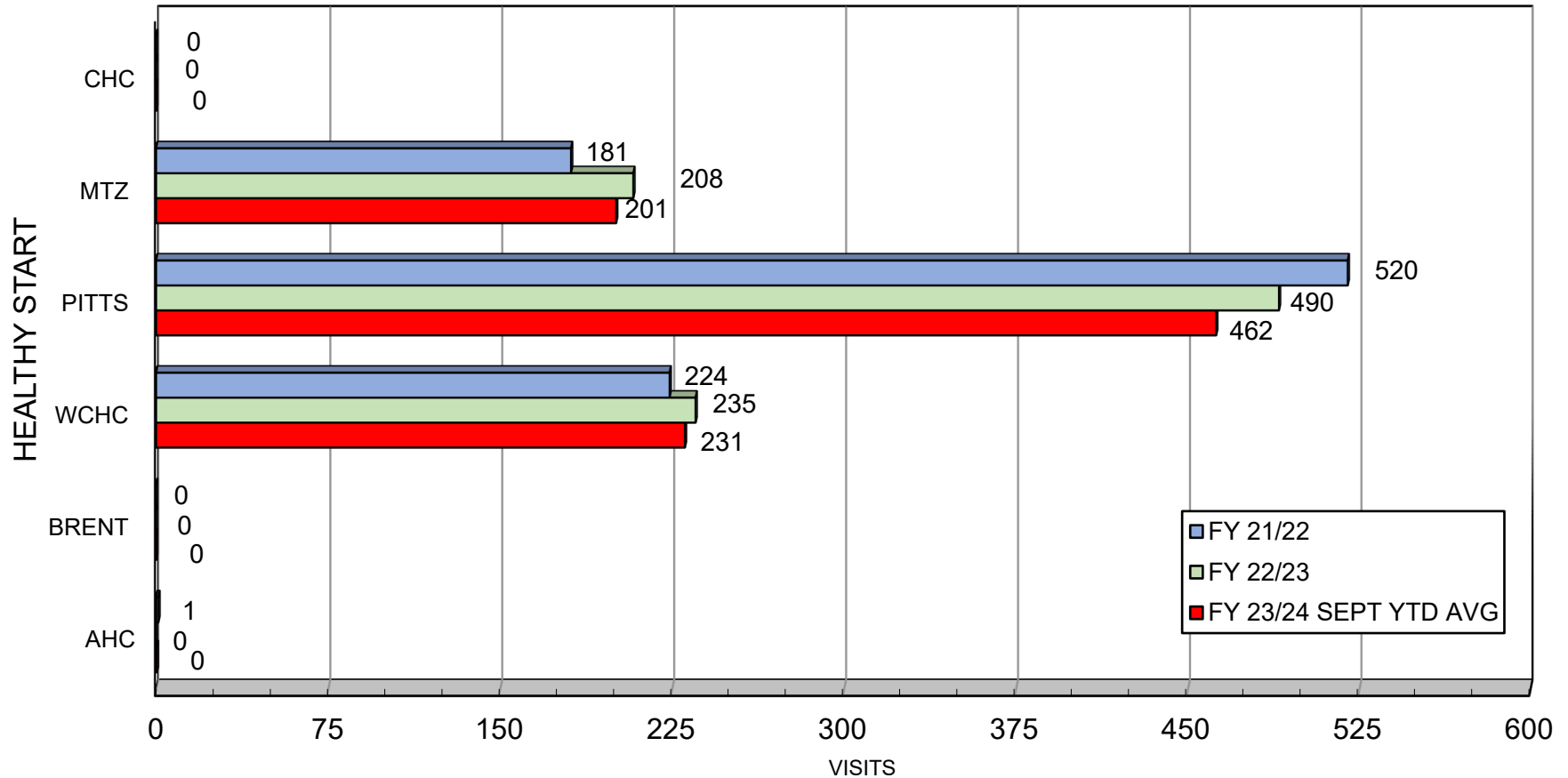
(JC13B)

**CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT  
CONTRA COSTA HEALTH CENTERS  
AVG MONTHLY OUTPATIENT VISITS BY MEDICAL CLINICS  
FISCAL YEAR COMPARISON**



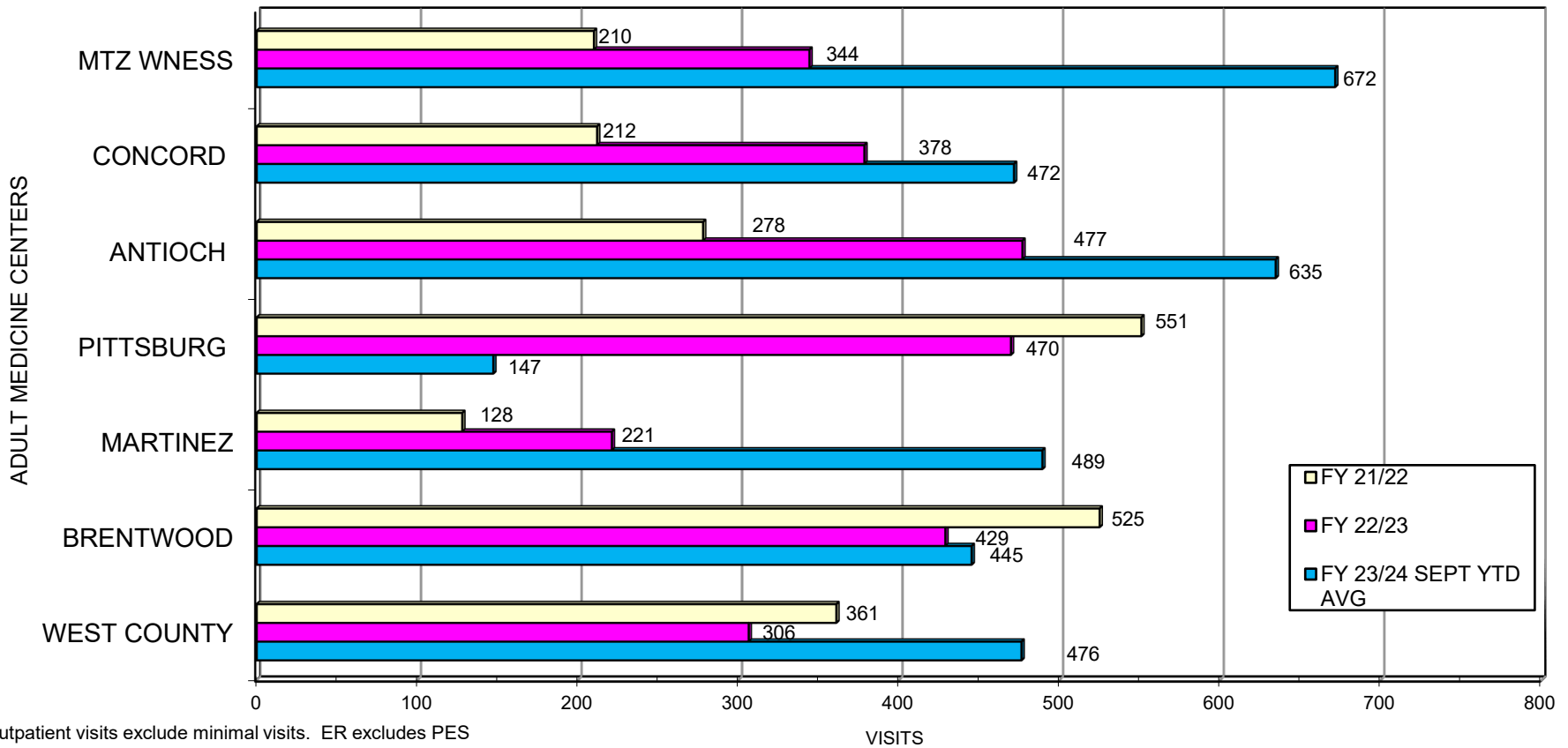
Outpatient visits excludes minimal visits. ER excludes PES.

**CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT  
HEALTHY START PROGRAMS  
AVG MONTHLY OUTPATIENT VISITS BY MEDICAL CLINICS  
FISCAL YEAR COMPARISON**

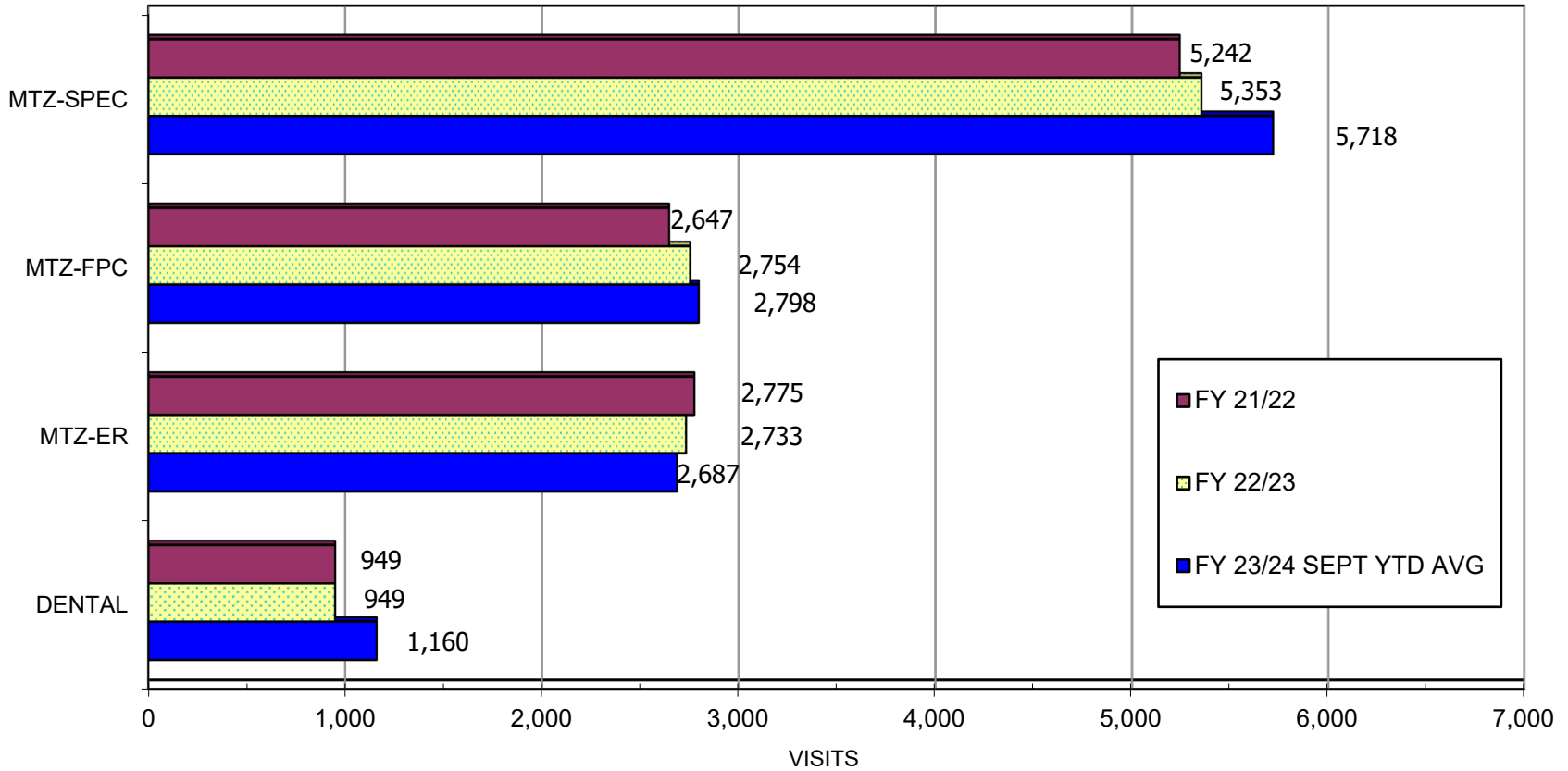


Outpatient visits exclude minimal visits. ER excludes PES.

**CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT  
ADULT MEDICINE CENTERS  
AVG MONTHLY OUTPATIENT VISITS BY MEDICAL CLINICS  
FISCAL YEAR COMPARISON**



**CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT  
CONTRA COSTA REGIONAL MEDICAL CENTER AND DENTAL  
AVG MONTHLY OUTPATIENT VISITS BY MEDICAL CLINICS  
FISCAL YEAR COMPARISON**

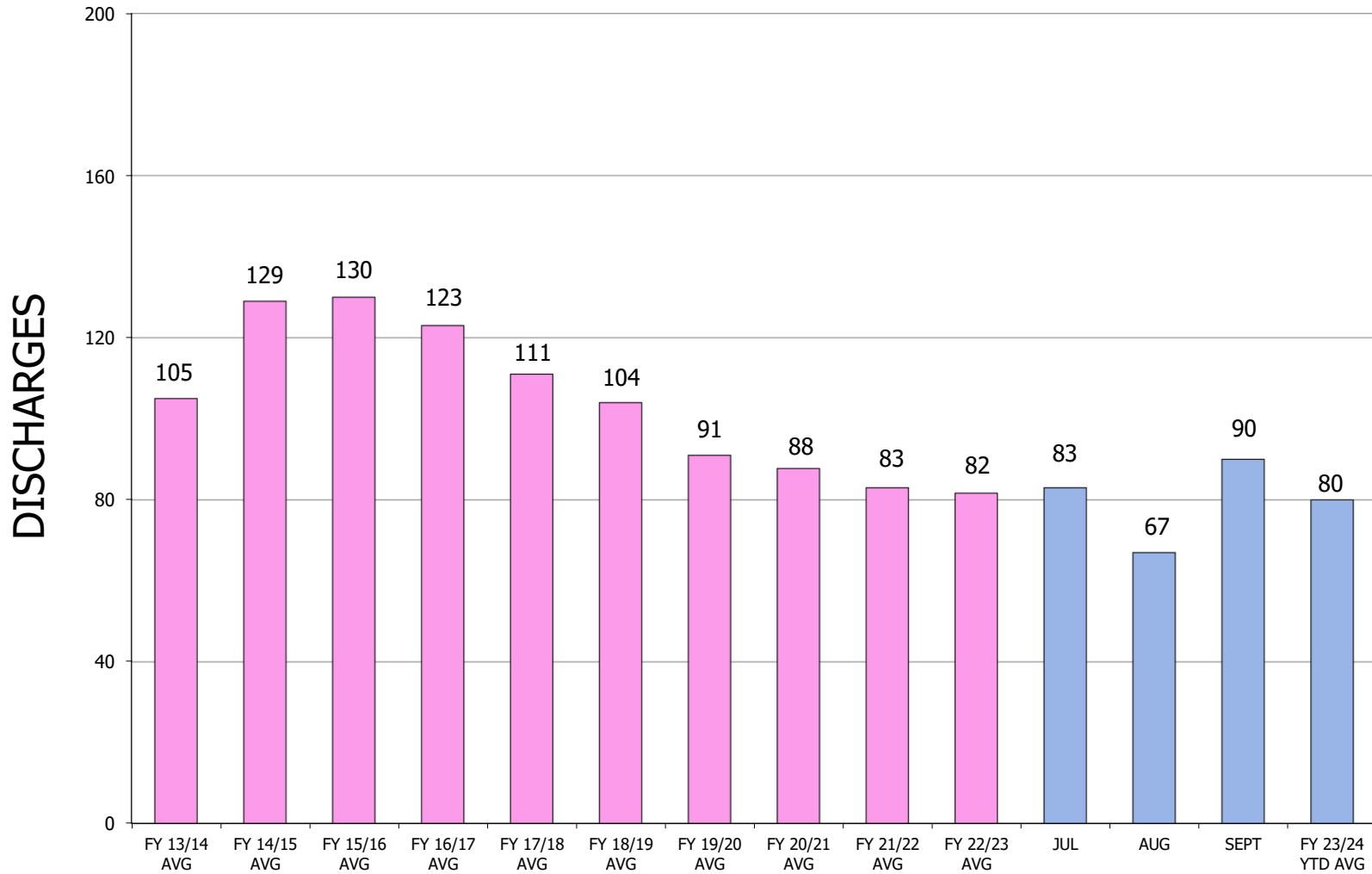


Outpatient visits exclude minimal visits. ER excludes PES.

MTZ-SPEC INCLUDES REHAB.

MTZ-FPC-INCLUDES PRIMARY CARE.

**CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT  
 CONTRA COSTA REGIONAL MEDICAL CENTER  
 MEDICARE DISCHARGES  
 FISCAL YEAR COMPARISON**



(MCARDIS)



**CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT  
CONTRA COSTA REGIONAL MEDICAL CENTER  
MEDICARE UTILIZATION**

**FY 23/24**

	2023						2024						FY 23/24	FY 23/24	FY 22/23	FY 21/22	FY 20/21	FY 19/20	FY 18/19	FY 17/18	FY 16/17
	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	YTD	MO AVG	MO AVG	MO AVG	MO AVG	MO AVG	MO AVG	MO AVG	MO AVG
<b>PATIENT DAYS:</b>																					
MEDICAL	529	540	493										1,562	520.67	566.33	628.25	508.42	651.58	963.00	856.25	855.25
PSYCHIATRIC	203	162	174										539	179.67	273.58	246.92	199.42	164.42	146.33	135.75	169.75
TOTAL	732	702	667										2,101	700.33	839.92	875.17	707.83	816.00	1,109.33	992.00	1,025.00
<b>DISCHARGES:</b>																					
MEDICAL	69	61	74										204	68.00	72.92	74.08	78.67	83.17	96.00	99.83	108.75
PSYCHIATRIC	14	6	16										36	12.00	8.75	9.00	9.08	7.92	8.25	11.50	14.08
TOTAL	83	67	90										240	80.00	81.67	83.08	87.75	91.08	104.25	111.33	122.83
<b>A.L.O.S.:</b>																					
MEDICAL	7.67	8.85	6.66										7.66	7.66	7.77	8.48	6.46	7.83	10.03	8.58	7.86
PSYCHIATRIC	14.50	27.00	10.88										14.97	14.97	31.27	27.44	21.95	20.77	17.74	11.80	12.05
AVERAGE	8.82	10.48	7.41										8.75	8.75	10.28	10.53	8.07	8.96	10.64	8.91	8.34

**NOTES:**

4D PSYCHIATRIC UNIT [20 beds] WAS SUSPENDED ON 11/20/06. THIS UNIT WAS REOPENED ON 10/26/20.

**Source:**

EPIC - Ptday (Inpatient Days Report: RES0149) and Admit Discharges (Inpatient Discharges Report: RES0158).

EAST BAY HOSPITAL CONFERENCE  
I/P STATISTICS MED. SVCS.  
(EXCLUDING PSYCH AND NEWBORN - WELL BABY)  
2022/2023

**AVERAGE DAILY CENSUS**

HOSPITAL	JUL 22	AUG 22	SEPT 22	OCT 22	NOV 22	DEC 22	JAN 23	FEB 23	MAR 23	APR 23	MAY 23	JUN 23	JUN			JUN
													FY 22/23	FY 22/23	FY 21/22	FY 21/22
													YTD	MO AVG	MO AVG	VS
																% CHG
HFA 411																
SUTTER DELTA MEDICAL	65.39	65.39	58.23	51.74	68.77	75.87	77.65	58.39	63.35	63.73	65.06	52.50	766.08	63.92	72.26	-11.5%
KAISER - ANTIOCH	91.61	98.19	93.20	93.06	106.90	109.45	49.74	48.00	48.94	46.97	44.52	41.60	872.18	101.64	94.96	7.0%
KAISER - WALNUT CREEK	151.87	151.65	154.20	150.68	151.23	156.68	165.94	152.29	172.32	164.50	148.29	145.93	1,865.57	155.51	151.39	2.7%
CONTRA COSTA REGIONAL MED	84.94	81.77	76.90	74.94	85.03	90.26	90.48	85.21	83.32	89.37	78.65	72.00	992.87	82.74	81.31	1.8%
JOHN MUIR MED CTR - WALNUT CREEK	307.71	299.00	309.93	310.71	308.13	319.71	296.35	302.68	299.94	298.43	269.77	282.03	3,604.41	300.36	296.84	1.2%
JOHN MUIR MED CTR - CONCORD	168.10	165.19	167.97	154.13	172.37	188.03	169.65	178.18	167.42	172.73	154.97	151.83	2,010.56	167.47	163.09	2.7%
HFA 415																
ALTA BATES SUMMIT-BERKELEY	130.90	130.13	136.87	133.81	154.73	151.03	163.55	161.43	150.55	149.87	146.35	150.33	1,759.55	146.49	135.75	7.9%
ALTA BATES SUMMIT-OAKLAND	132.81	134.55	143.63	136.90	154.13	160.58	204.81	195.50	201.23	156.27	155.90	157.50	1,933.81	160.96	144.40	11.5%
KAISER - RICHMOND	42.39	42.13	45.67	43.39	47.47	53.58	49.74	48.00	48.94	46.97	44.52	41.60	554.38	46.19	43.61	5.9%

EAST BAY HOSPITAL CONFERENCE  
 I/P STATISTICS MED. SVCS.  
 (EXCLUDING PSYCH AND NEWBORN - WELL BABY)  
 2022/2023

**DISCHARGES**

HOSPITAL	JUL 22	AUG 22	SEPT 22	OCT 22	NOV 22	DEC 22	JAN 23	FEB 23	MAR 23	APR 23	MAY 23	JUN 23	JUN FY 22/23 VS FY 21/22			
													FY 22/23 YTD	FY 22/23 MO AVG	FY 21/22 MO AVG	FY 21/22 % CHG
HFWA 411																
SUTTER DELTA MEDICAL	513	515	459	444	470	541	575	389	444	418	415	396	5,579	465	526	-11.6%
KAISER - ANTIOCH	779	824	793	778	815	883	378	351	381	350	366	389	9,856	821	784	4.8%
KAISER, WALNUT CREEK	1,122	1,098	1,142	1,125	1,114	1,183	1,208	1,044	1,211	1,180	1,165	1,073	13,665	1,139	1,127	1.1%
CONTRA COSTA REGIONAL MED	525	525	546	472	531	540	505	478	510	479	484	496	6,091	508	526	-3.5%
JOHN MUIR MED CTR - WALNUT CREEK	1,584	1,606	1,659	1,702	1,663	1,859	1,665	1,498	1,755	1,656	1,642	1,666	19,955	1,663	1,571	5.9%
JOHN MUIR MED CTR - CONCORD	887	920	912	932	940	1,051	966	912	1,005	952	934	927	11,338	945	890	6.2%
HFWA 415																
ALTA BATES SUMMIT-BERKELEY	960	991	896	905	967	984	937	878	967	912	952	949	11,298	942	957	-1.6%
ALTA BATES SUMMIT-OAKLAND	837	822	849	789	833	883	928	882	985	954	947	994	10,703	892	863	3.4%
KAISER, RICHMOND	357	398	372	387	379	384	378	351	381	350	366	389	4,492	374	382	-1.9%

**CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT  
CONTRA COSTA REGIONAL MEDICAL CENTER AND HEALTH CENTERS  
OUTPATIENT VISITS BY CLINIC  
SEPTEMBER 2023**

	MEDICARE	MEDICARE/MEDI-CAL Xover	MEDI-CAL	MEDI-CAL HPEP	BHC	HP AFDC	HP OTMCAL	HP SPD	HP MCE (TRN)	HP MCE (NEW)	HP HLTH FAM MCAL	HP M-CROSS	HP M-SR	HP PVT	HP HLTH FAM	HP HIX	TOTAL HMO	PVT PAY	INS	ID JAIL	ID OTHER	CHDP	TOTAL OTHER	GRAND	
	2110	2110	2210	2255	2320	2327	2335	2340	2341	2342	2343	2345	2350	2355	2360	2385				2610	2620	2810		TOTAL	
<b>FACE TO FACE</b>																									
FACE TO FACE JULY	5,137	600	2,884	425	0	8,164	118	2,857	0	8,770	699	0	0	1,541	0	0	<b>22,149</b>	553	620	136	15	0	<b>151</b>	<b>32,519</b>	
FACE TO FACE AUGUST	5,856	773	3,620	424	0	10,127	163	3,250	0	10,514	986	0	0	1,773	0	0	<b>26,813</b>	516	715	120	28	0	<b>148</b>	<b>38,865</b>	
FACE TO FACE SEPTEMBER	5,515	710	3,664	435	0	9,041	127	2,957	0	9,352	871	0	0	1,509	0	0	<b>23,857</b>	509	689	136	15	0	<b>151</b>	<b>35,530</b>	
FACE TO FACE OCTOBER																									
FACE TO FACE NOVEMBER																									
FACE TO FACE DECEMBER																									
FACE TO FACE JANUARY																									
FACE TO FACE FEBRUARY																									
FACE TO FACE MARCH																									
FACE TO FACE APRIL																									
FACE TO FACE MAY																									
FACE TO FACE JUNE																									
<b>Grand Total (FACE TO FACE)</b>	<b>16,508</b>	<b>2,083</b>	<b>10,168</b>	<b>1,284</b>	<b>0</b>	<b>27,332</b>	<b>408</b>	<b>9,064</b>	<b>0</b>	<b>28,636</b>	<b>2,556</b>	<b>0</b>	<b>0</b>	<b>4,823</b>	<b>0</b>	<b>0</b>	<b>72,819</b>	<b>1,578</b>	<b>2,024</b>	<b>392</b>	<b>58</b>	<b>0</b>	<b>450</b>	<b>106,914</b>	
<b>TELE-AUDIO</b>																									
TELE-AUDIO JULY	908	98	162	18	0	1,489	6	543	0	1,727	105	0	0	329	0	0	<b>4,199</b>	46	61	2	1	0	<b>3</b>	<b>5,495</b>	
TELE-AUDIO AUGUST	1,051	121	256	16	0	1,948	10	621	0	2,223	167	0	0	406	0	0	<b>5,375</b>	12	64	1	1	0	<b>2</b>	<b>6,897</b>	
TELE-AUDIO SEPTEMBER	1,001	125	242	20	0	1,796	26	616	0	1,998	168	0	0	380	0	0	<b>4,984</b>	47	73	2	2	0	<b>4</b>	<b>6,496</b>	
TELE-AUDIO OCTOBER																									
TELE-AUDIO NOVEMBER																									
TELE-AUDIO DECEMBER																									
TELE-AUDIO JANUARY																									
TELE-AUDIO FEBRUARY																									
TELE-AUDIO MARCH																									
TELE-AUDIO APRIL																									
TELE-AUDIO MAY																									
TELE-AUDIO JUNE																									
<b>Grand Total (TELE-AUDIO)</b>	<b>2,960</b>	<b>344</b>	<b>660</b>	<b>54</b>	<b>0</b>	<b>5,233</b>	<b>42</b>	<b>1,780</b>	<b>0</b>	<b>5,948</b>	<b>440</b>	<b>0</b>	<b>0</b>	<b>1,115</b>	<b>0</b>	<b>0</b>	<b>14,558</b>	<b>105</b>	<b>198</b>	<b>5</b>	<b>4</b>	<b>0</b>	<b>9</b>	<b>18,888</b>	
<b>TELE-VIDEO</b>																									
TELE-VIDEO JULY	242	46	13	0	0	196	0	99	0	297	14	0	0	44	0	0	<b>650</b>	2	14	0	0	0	<b>0</b>	<b>967</b>	
TELE-VIDEO AUGUST	234	50	9	0	0	228	3	118	0	346	17	0	0	54	0	0	<b>766</b>	0	6	0	0	0	<b>0</b>	<b>1,065</b>	
TELE-VIDEO SEPTEMBER	194	45	6	2	0	213	3	104	0	296	18	0	0	63	0	0	<b>697</b>	1	7	2	0	0	<b>2</b>	<b>954</b>	
TELE-VIDEO OCTOBER																									
TELE-VIDEO NOVEMBER																									
TELE-VIDEO DECEMBER																									
TELE-VIDEO JANUARY																									
TELE-VIDEO FEBRUARY																									
TELE-VIDEO MARCH																									
TELE-VIDEO APRIL																									
TELE-VIDEO MAY																									
TELE-VIDEO JUNE																									
<b>Grand Total (TELE-VIDEO)</b>	<b>670</b>	<b>141</b>	<b>28</b>	<b>2</b>	<b>0</b>	<b>637</b>	<b>6</b>	<b>321</b>	<b>0</b>	<b>939</b>	<b>49</b>	<b>0</b>	<b>0</b>	<b>161</b>	<b>0</b>	<b>0</b>	<b>2,113</b>	<b>3</b>	<b>27</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2,986</b>	
<b>TOTAL VISITS</b>																									
VISITS JULY	6,287	744	3,059	443	0	9,849	124	3,499	0	10,794	818	0	0	1,914	0	0	<b>26,998</b>	601	695	138	16	0	<b>154</b>	<b>38,981</b>	
VISITS AUGUST	7,141	944	3,885	440	0	12,303	176	3,989	0	13,083	1,170	0	0	2,233	0	0	<b>32,954</b>	528	785	121	29	0	<b>150</b>	<b>46,827</b>	
VISITS SEPTEMBER	6,710	880	3,912	457	0	11,050	156	3,677	0	11,646	1,057	0	0	1,952	0	0	<b>29,538</b>	557	769	140	17	0	<b>157</b>	<b>42,980</b>	
VISITS OCTOBER																									
VISITS NOVEMBER																									
VISITS DECEMBER																									
VISITS JANUARY																									
VISITS FEBRUARY																									
VISITS MARCH																									
VISITS APRIL																									
VISITS MAY																									
VISITS JUNE																									
<b>Grand Total Visits</b>	<b>20,138</b>	<b>2,568</b>	<b>10,856</b>	<b>1,340</b>	<b>0</b>	<b>33,202</b>	<b>456</b>	<b>11,165</b>	<b>0</b>	<b>35,523</b>	<b>3,045</b>	<b>0</b>	<b>0</b>	<b>6,099</b>	<b>0</b>	<b>0</b>	<b>89,490</b>	<b>1,686</b>	<b>2,249</b>	<b>399</b>	<b>62</b>	<b>0</b>	<b>461</b>	<b>128,788</b>	



**JOINT CONFERENCE COMMITTEE  
MINUTES**

**October 23, 2023, from 1:00 – 2:00 PM**

**Contra Costa Regional Medical Center**

**2500 Alhambra Avenue, Martinez, CA – Building One First Floor Conference Room**

**Office of Supervisor Glover, 190 E. 4<sup>th</sup> Street, Pittsburg, CA 94565, large conference room**

**The public also may attend this meeting remotely VIA ZOOM WEBINAR or call-in**

VOTING MEMBERS PRESENT: Supervisor John Gioia, District I; Supervisor Federal Glover, District V; Dayana Carcamo-Molina MD; Tarun Bhandari MD; NON-VOTING MEMBERS PRESENT: Samir Shah MD, Chief Executive Officer/Chief Medical Officer; Anna Roth RN, Health Services Director; Sarah McNeil MD, Medical Staff President; Jaspreet Benepal RN, Chief Nursing Officer; Lisa Schilling RN, Chief Quality and Integration Officer; GUESTS PRESENT: Sergio Urcuyo MD, Hospital Medical Director; Kristin Moeller MD, past Medical Staff President; Courtney Beach MD, Associate Medical Director of Quality and Safety and Performance Improvement; Gabriela Sullivan MD, Ambulatory and Specialty Medical Director; Andrea Sandler MD, Associate Ambulatory Care Medical Director, Director of Ambulatory Nursing Operations

AGENDA ITEM	RECOMMENDATION
<p><b>I. CALL TO ORDER AND INTRODUCTIONS</b> Meeting Chair – Supervisor John Gioia, District I</p> <ul style="list-style-type: none"> <li>• Meeting called to order at <b>1:01 PM</b> by Supervisor Gioia</li> <li>• Location of meeting at two locations under the Brown Act: CCRMC Building 1 Conference Room; Supervisor Glover’s office in Pittsburg; Public may attend meeting remotely VIA Zoom Webinar or Call In.</li> <li>• Agenda has been posted outside Supervisors’ offices and CCRMC. Public is invited to attend publicly or remotely.</li> </ul>	<p align="center"><i>Inform</i></p>
<p><b>II. APPROVAL OF MINUTES – September 11, 2023</b> Supervisor Gioia</p> <p><i>In open session, voting members of Contra Costa Regional Medical Center Joint Conference Committee voted to accept the September 11, 2023, Joint Conference Committee minutes.</i></p>	<p><b><u>Motion:</u></b> <b><u>By: Gioia</u></b> <b><u>Seconded by Glover</u></b></p> <p><b><u>Ayes: Gioia, Glover, Carcamo-Molina, Bhandari</u></b></p> <p><b><u>Abstain: None</u></b></p>
<p><b>III. PUBLIC COMMENT</b> Supervisor Gioia</p> <p><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></p> <p>No public comment.</p>	<p align="center"><i>Inform</i></p>

<p><b>IV. ADMINISTRATIVE UPDATE</b></p> <p>Samir B. Shah, M.D., Chief Executive Officer/Chief Medical Officer; Jaspreet Benepal RN, Chief Nursing Officer CCRMC/HC; Sergio Urcuyo MD, Hospital Medical Director; Lisa Schilling RN, Chief Quality Officer</p> <p>A. Time to fill positions</p> <p><i>S. Shah opened discussion about time to fill positions:</i></p> <p><i>As a healthcare delivery system CCRMC healthcare providers are competing in local market very number of reasons associated with staff issue we have at any given time makes us more competitive takes 3 times longer for us to hire new employee than 90 days.</i></p> <p><i>Our goal is to receive approval from Joint Conference Committee (JCC) to bring to the Board a discreet list of moderate changes to reduce hiring times by less than 50 days according to the National Healthcare Average. A working group will collaborate to address areas that will assist us to achieve our stated goal using best practices to make us more competitive to serve out our mission.</i></p> <p><i>S. Urcuyo provided additional information on the reason it is so important: Here at CCRMC and CCH Health Centers because we are truly a 24/7-operation many other places can say we're closed during these hours. We will never turn away patients we are not allowed to turn away patients that means the demand will always be on high. Things can become critical in turns of timing. We need to have more technicians so we don't cancel mammograms when a staff calls out sick. We can establish a stroke program that's needed in our community if we can offer a competitive salary for a staff level position. It will also bring in approximately \$4M in revenue each year.</i></p> <p><i>Lisa S. this is a continuation from September 11, 2023 for requested follow up. We met with the CAO Office to discuss our opportunity and priorities and agreed to start with a list of priorities to bring to this JCC and eventually receive approval and support from the Board of Supervisors.</i></p> <p>Context and historical summary:</p> <ul style="list-style-type: none"> <li>• 1/10/23 Contra Costa Health (CCH) sent requested for expanded Delegated Authority to the County Administrators Office (CAO's)</li> <li>• On 9/11/23 the CCRMC JCC directed CCRMC and CCH to establish a list of changes to hiring procedures to reduce time to hire clinical and near clinical employees</li> <li>• 9/25/23 CCH received HR response to Delegated Authority proposal</li> <li>• 10/10/23 CCRMC &amp; CCH leadership met with the CAO, labor relations and HR leadership</li> </ul>	<p><b>Approve</b> <b><u>Motion:</u></b> <b>By: Gioia</b> <b>Seconded by Glover</b></p> <p><b><u>Ayes:</u> Gioia, Glover, Carcamo-Molina, Bhandari</b></p> <p><b><u>Abstain:</u> None</b></p>

- The focus of today's discussion is to provide a follow-up and plan to the CCRMC JCC

#### Overview

- The goal is to meet the national healthcare average of 50 days (post-to-onboard timing)
- CCRMC and CCH leadership met with CAO/HR labor relations on 10/10/23 to discuss issues and opportunities to address timelines to hire and onboard personnel
- The group agreed to identify prioritized list of change based on what was presented during discussion and to form a working group to implement changes
- A list of changes have been identified by CCRMC and CCH to be completed along with proposed implementation timeline to be presented to CCRMC and JCC

#### Recommendations

- Members of CCRMC JCC review discuss and approve a plan to address changes necessary to achieve an average and onboarding timeline of  $\leq 50$  days

#### Summary of 10/10/2023 Discussion with CAO/HR and CCH

##### Group Agreements

- Prioritize changes focusing first on those that are easier and can be made directly through the CAO authority, then those that will require meet and confer or negotiations with the affected unions.
- CCRMC/CCH and CAO/HR to review the requested list of changes and prioritize opportunities.
- A working group will be formed to review the prioritized lists, create a plan including measures to monitor to track impact of changes

*S. Shah presented the recommendations and timelines.*

##### Priority #1

Group first 30 day were able to achieve items 1-5

- These steps only require updated delegated authority documentation and set up of oversight procedures
- Time savings estimate of 20 days

*Supervisor Gioia: That will shorten 20 days? S. Shah- yes the five items together will save 20 days of hiring time.*

1. Delegate New Hire Salary Appointment to CCH Hiring Manager and CCH Personnel
2. Delegate Authority to CCH personnel to conduct preemployment I-9 process (previously utilized by CCH)

3. Allow CCH Personnel to utilize E-Verify for I-9 verification procedures, including transitioning part 2 verification to a live video verification process
4. Delegate Authority to CCH personnel to conduct preemployment fingerprinting process (previously utilized by CCH)
5. Allow CCH Personnel to utilize the "Waiver Conviction History Form" while awaiting DOJ / FBI Clearance (previously utilized by CCH)

*S. Shah ask Jo-Anne is there anything that you would like to add?*

*J.Linares– Health Services Personnel sent justification to Human Resources to get approval for above step appointments. What we're asking for is that for authority to have that decision making in determining the salary step based on experience training, recruitment effort and retention effort was in that position.*

*Supervisor Gioia: Federal just to note a lot of things were discussed at the meeting we held between CAO/HR Conference a lot of these items were raised also at that time. Supervisor Glover-Good, ok. Thank you.*

*J Linares: Prior to 2018 Health Services Personnel conduct items 2 and 3. In 2018 a PAO policy that changed that so that it is very centralized area within county human resources taking it away from the department to better process the I-9 verification process. Health Services Personnel continue to conduct finger printing for agency temps, contractors, student interns and volunteers.*

*Anna. R: These are policy decisions can be perused from the group deciding. These are about deciding as a government whether we want to do this or not It's not a labor issue we can accomplish these 30 days because it's a matter of just making the decisions.*

*S. Shah: Any questions on priority 1? Supervisor Gioia: No.*

Priority #2

Group first 90 days items 6-9 (presented on slide)

- Changes required modifications to PMR, Labor MOU agreements and/or coordination with Auditor's Office
- Time savings estimate of 30 days
- Will require more time and effort to complete however work can begin now.

*J inares: The items 6,7,8 we go through bid process which is by Teamsters Local 856 in California Association any time you have an open vacancy you have close that vacancy and allow 5 days or 7 days for internal candidate to bid on it so then someone bids on it becomes a cycle then here comes another vacancy because someone transferred into it so we go through that cycle until it ends.*

Comments:



<p><i>Supervisor Glover- I think this is a good approach and moving forward and good cut down delay that experience for a number of years.</i></p> <p><i>Supervisor Gioia: Other comments by JCC members?</i></p> <p>No other comments.</p> <p><i>Supervisor Gioia: I see Ann Elliott, Anne you are on do you want to make any comments? I know we had a productive meeting and the goal was to look at a process and look at identifying the deferent steps which were put in two categories those items which I think is fair to say that Phase 2 involves more complicating types of review because they deal more with the MOU's for other documents PMR changes the first or looks the issues delegating authority the other documents PMR changes this is the first item. Do you want to add anything?</i></p> <p><i>A Elliott: We want to increase the speed to get people up to speed so we can hire more people higher than step 1 not reviewed by HR. We definitely have some items we will be reviewing for why the person wants to be hired.</i></p> <p><i>Supervisor Gioia: One of the concerns is we don't want to wait to do something here at the health department until we do it county wide. How to move this process along how to figure this out without waiting county wide with the process the work group to pull the what's your sense of timeline to Priority #1 working with the time frame where some of these items in the document delegating request I'm looking at the detail 2023 a number of these items were in that.</i></p> <p><i>S. Shah: If we have local oversight with we have a better opportunity to hold people accountable and be more successful in making sure it get done.</i></p> <p><i>A Elliott: In some cases you already have delegated authority. I'm open to partnering with your staff and supportive of this opportunity, they will need to have a clear way to process the various steps.</i></p>	
<p><b>V. Adjourn at 2:38 PM</b></p>	<p>Inform</p>
<p><b>VI. NEXT MEETING:</b> November 13<sup>th</sup>, 2023</p>	
<p><b>Minutes approved by Chair: Supervisor John Gioia, District I</b></p>	
<p>_____</p> <p><b>Supervisor John Gioia</b></p>	<p>_____</p> <p><b>Date</b></p> <p><b>Minutes by Corticha Flucus</b></p>



## Annual Patient Safety Risk Assessment and Plan Overview Calendar Year 2023

### Introduction

Patient Safety is an attribute of the health care system that minimizes the incidence and impact of adverse events and maximized recovery from such events. Safety is that core aspect of quality which encompasses efficiency, effectiveness, timeliness, and patient experience.

Risk assessment/analysis involves identifying risks and then evaluating the consequences and likelihood of identified risks occurring. Collecting data on practices, policies, and safety cultures in various areas generates information that can be used to proactively target patient safety activities and prioritize risk prevention and reduction strategies.

This assessment and plan focus on how we identify and prioritize risks, baseline assessment, and plan to be reviewed and updated annually.

### Risk Identification and Prioritization

The Health Care Risk Manager uses various sources for identifying risk priorities which include, but are not limited to:

#### Safety Event Reporting:

Our Safety Event Reporting System (SERS) is an integral part of our safety system. All staff members can enter information on safety concerns, a near misses, and or safety events into SERS. The system sends alerts to the appropriate leaders and managers for review and resolution, which are entered into the system.

#### Critical Event Review Team (CERT) Events:

This process is a rapid review of significant/adverse events. A timely Situation Background Assessment Recommendation (SBAR) report is developed to assess the safety risk and determine next steps, e.g., reportability, Root Cause Analysis (RCA), Peer Review or other mitigation measures.

#### Leadership Safety Rounds:

Starting in March 2023, implemented Weekly Leadership Safety Rounds. Administrative and Safety Leaders conduct unit-level rounds speaking directly with staff to gain real-time feedback from staff, asking three questions:

1. What's working well in this unit/area with regards to patient safety?
2. What are your concerns around patient care and safety?
3. What resources/ tools do you or your unit need to better perform your job or ensure better patient safety?

Daily Safety Huddle:

Health Care Risk Manager or designee facilitates Safety Huddle daily, excluding weekends and holidays. Safety Huddle helps increase situational awareness and accountability, activates response to safety concerns, and promotes a culture of safety and transparency. Unit/Department Managers report out safety concerns that have occurred (looking back), might occur (looking forward), and any shout outs to highlight. Plans are made for follow-up on high-risk patient safety concerns and status updates are provided in subsequent huddles.

Patient Complaints/Grievances

Evaluating trends for patient complaints and grievances informs the system on possible areas of risk and potential quality issues.

Regulatory Requirements and Site Visits

Regulatory bodies (e.g., CDPH, TJC) conduct site visits for program requirements and complaint or reportable event follow-up. Any time they conduct a site visit, we may be issued a deficiency finding. When this occurs, we implement corrective action plans, and update risk priorities accordingly.

Claims and Litigation

Health Care Risk Manager tracks claims and litigation cases as well as potentially compensable events. All are areas of potential risk.

Other Evaluations and Monitoring

Infection Prevention and Control Risk Assessment and Plan (annual)

The Infection Prevention and Control Program conducts an annual risk assessment and plan. This evaluation is maintained and reported separately to PSPIC.

Medication Management and Safety

Pharmacy Leadership maintains monthly evaluation of medication safety topics, including medication errors and beyond. These monthly reports are maintained and reported separately to PSPIC.

**Risk Assessment**

Risk Matrix:

		Risk Frequency		
		Likely/Almost Certain	Possible/Occasional	Rare/Unlikely
Risk Severity	High	Very High	Very High	High
	Medium	High	Moderate	Moderate
	Low	Low	Low	Very Low

Assessment:

2023 Year-to-Date data summary:

- 1,481 events submitted (SERS reports may not be harm)
- 24 total Risk Event Types
- Top 6 Event Types submitted:
  - Safety/Security/Conduct Event
  - Medication Event
  - Provider/Patient Care Staff Related Event
  - Skin Integrity Event
  - Lab Event
  - Fall Event

Below table summarizes Risk Rating, topic, and plan for addressing.

Risk Rating	Risk Event	Specific Risk Topic (What is happening?)	# of events	% of Total (ALL Risk Events)	% of Risk Event Type	Action Plan:
Very High	Safety/ Security/ Conduct Event	Workplace Violence: Physical Incident (excluding verbal)	103	8.8%	37.8%	<ul style="list-style-type: none"> <li>• Following multiple events in PES, targeted interventions for this unit, include:               <ul style="list-style-type: none"> <li>○ Updated Assault Risk level protocol to include considerations for voluntary patients with unknown substance abuse history.</li> <li>○ CPI training is ongoing for all staff in unit, including providers</li> <li>○ Code Grey drills conducted with additional planned – will take place off unit to avoid traumatizing patients.</li> <li>○ De-escalation tips, safety, and awareness guest speaker with expertise in PES and EMPATH units (Dr. Zeller)</li> </ul> </li> </ul>

Risk Rating	Risk Event	Specific Risk Topic (What is happening?)	# of events	% of Total (ALL Risk Events)	% of Risk Event Type	Action Plan:
High	Skin Integrity Event	Pressure Ulcer	62	5.2%	36.3%	<ul style="list-style-type: none"> <li>• Purposeful rounding daily <ul style="list-style-type: none"> <li>○ Utilizing “5 P’s”: Pain Position Potty/Personal Hygiene Periphery Pump</li> </ul> </li> <li>• Wound care assessments weekly</li> <li>• Utilize “4 Eyes Skin Assessment” methodology: <ul style="list-style-type: none"> <li>○ 2 nurses within 4 hours of admission identify and record pressure injuries for admitted patients</li> </ul> </li> </ul>
High	Medication Event	Prescribing Issue	62	5.2%	25.6%	<i>N/A – Defer action plan to Pharmacy Department and Medication Safety Committee</i>
Moderate	Lab Event	Draw: Delayed STAT/timed test	38	3.2%	22.9%	<ul style="list-style-type: none"> <li>• Deep dive on data to see if delays are due to short staffing on specific days/shifts. <ul style="list-style-type: none"> <li>○ Update communication for short staffing, as needed</li> </ul> </li> <li>• Evaluate workflows for STAT/Timed tests <ul style="list-style-type: none"> <li>○ Update workflows, as needed</li> </ul> </li> </ul>
		Collection or Processing issue	25	2.1%	15.1%	<ul style="list-style-type: none"> <li>• Track type of specimen to identify trends or gaps in training</li> <li>• Develop standard work for lab collection and processing to include roles of nursing, providers, and lab staff</li> </ul>
Moderate	Fall Event	Accidental trip/fall	35	3.0%	25.4%	<ul style="list-style-type: none"> <li>• Utilize 5 Ps on rounding as above</li> <li>• Monthly Falls Team, including: <ul style="list-style-type: none"> <li>○ Case Review, and drill down for all falls</li> <li>○ Initiatives to drive goal of no falls</li> </ul> </li> </ul>
		Unwitnessed fall	29	2.5%	21.1%	

Risk Rating	Risk Event	Specific Risk Topic (What is happening?)	# of events	% of Total (ALL Risk Events)	% of Risk Event Type	Action Plan:
Moderate	Provider/ Patient Care Staff Related Event	Delay in care	35	3.0%	17.9%	<p>Several delays in care related to outside imaging (contracted services):</p> <ul style="list-style-type: none"> <li>• Quality review of contracted services is in process</li> </ul> <p>Delay in care due to referrals:</p> <ul style="list-style-type: none"> <li>• Evaluate referral workflows to identify areas for improvement</li> </ul>
		Interpreter issues	32	2.7%	16.4%	<p>Several issues with lack of interpreter available or incorrect process on accessing interpreter services:</p> <ul style="list-style-type: none"> <li>• Lao/Mien/Khmu group clinics: assign clerk staff member to group clinic to support interpretation needs for patients. <ul style="list-style-type: none"> <li>○ Include note for anyone with Khmu language, redirect in an emergency to Lao (Lao is</li> </ul> </li> <li>• Provide refresher training, tip sheets, and badge cards to staff on how to best connect with HCIN interpreter services. <ul style="list-style-type: none"> <li>○ Audit what phone number staff are using when they do not have an interpreter available (HCIN vs. Language Line)</li> <li>○ Evaluate interpreter service issues by time, phone number called, and language needed when interpreter service not available.</li> </ul> </li> </ul>

**Joint Conference Committee  
Consent Agenda for Medical Executive Committee  
August - October 2023**

**Ambulatory Care**

Policy Number	Department/Policy Name/Policy Owner	New (N) Revised (R) Retired (Ret)	Significant Change? (Y) (N) (N/A)	Brief Description
4074-B	Diabetes Standing Orders	R	N	Reviewed, updated actions for different A1C values, updated guidelines for vaccinations, retinal exam and foot exams with DM
4042	Audiometric Screening	R	N	reviewed, updated.
4200B	Specially Trained RN Cervical Dysplasia Monitoring, Care & Discharge	R	N	
4034	Pap Smear Preparation	R	N	
4079	EKG	R	N	

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4034	Pap Smear Preparation	R	N	
4079	EKG	R	N	











Joint Conference Committee  
 Consent Agenda for Medical Executive Committee  
 August - October 2023

Nursing Policies

Policy Number	Department/Policy Name/Policy Owner	New (N) Revised (R) Retired (Ret)	Significant Change? (Y) (N) (N/A)	Brief Description
OR #104	Operative Procedures That Require An Assistant			
OR #105	Admission of Patients to the O.R			
OR #302	Scheduling Surgical Procedures			
OR #303	Non-Surgical Team Members in the Operating Suite			
OR #502	Use of Pneumatic Tourniquet - Electric			
OR #506	Maintenance of Furniture and Equipment in the O.R. Suite			
OR #603	Integrity of Sterile Supplies			
OR #604	Aseptic Technique in the O.R			
OR #605	Practices for Standard Precautions in the O.R.			
OR #607	Gowning/Gloving Closed and Open Method			
OR #609	Drapes in the O.R.			
OR #610	Skin Preparation in the O.R.			
OR #615,	Operating Room Cleaning			
OR #616	Immediate Use Steam Sterilization (Flash Sterilization)			
OR #701	Specimen Collection in the O.R.			
OR #101	Philosophy and Objectives			
OR #203	Patients Receiving Local Anesthesia			
OR #302-A	Notification of Surgery After Hours			
OR #601	Infectious Control Practices for Perioperative Personnel			
OR #602	95-N Masks-Fitted			
OR #615-A	Cleaning of Instruments and O.R. After a MRSA or VRE Case			
OR #912	Outpatient Pediatric Surgery			
PP 1.06 D	Donor Human Milk Information and Consent - Spanish			
PP 1.06B	Use of Donor Breast Milk - Log v2			
Nursery 3.98	Administration of Intravenous Human Immune Globulin			
Nursery 3.98	Infusing from a Glass Bottle			





**Joint Conference Committee  
Consent Agenda for Medical Executive Committee  
August - October 2023**

**Pharmacy**

Policy Number	Department/Policy Name/Policy Owner	New (N) Revised (R) Retired (Ret)	Significant Change? (Y) (N) (N/A)	Brief Description
3410	CCRMC Assessment of Risk for Hazardous Drugs	R	N	Added Lurbinectedin and Mirvetuximab soravtansine
3411	Chemo negative CACI cleaning-mop			
4013	MOP - infusion pharmacy cleaning and sleeve log			
3233	Malignant Hyperthermia			
3221	Neonatal Crash Cart			
3217	Emergency Medication Supply - Location & Quantity			
3314/Nurs 708	Guidelines for Administration of Titratable Medication			
3316	Compounding of Medications, Sterile and Non-Sterile			
3431	Stability, expiration dating and beyond-use dating			
4002	Hand Hygiene			
4004	Aseptic Technique			
4006	End Product Testing of IV admixtures changed to Quality			
4009	Environmental Surface Sampling			
4011	Handling of Positive Cultures from Pharmacy Monitoring			
4013	Cleaning and Monitoring of the Containment Cabinets and the IV Compounding Rooms - Pharmacy			
4014	Cleaning of the IV Compounding Rooms - Environmental Services			
4015	Garbing for IV Compounding			
7024	Room Temperature Monitoring for Drug Storage Areas			
7025	Environmental Air Sampling - Viable and Non-Viable			



**Joint Conference Committee**  
**Consent Agenda for Medical Executive Committee**  
**August - October 2023**

**Pharmacy**

8002	Aseptic Technique Competency Assessment			
8003	Competency Assessment for Aseptic Technique			
8010	Gloved Fingertip Sampling Procedure			

<b>Medical Executive Committee: Utilization Management Department</b>		<b>Date: November 8<sup>th</sup>, 2023</b>
		<b>Committee Chair: Michelle Robello, MD (on leave) Kristin Moeller, MD (acting chair)</b>
		<b>Sponsors: Yvonne Hollister,</b>
		<b>Quality Support: Melissa Pineda</b>
<b>Purpose of Presentation</b>	<input checked="" type="checkbox"/> Routine Report <input type="checkbox"/> Consent Agenda <input type="checkbox"/> Status Update <input type="checkbox"/> Feedback on PI process <input type="checkbox"/> Follow up report requested by the committee <input type="checkbox"/> Other: _____ <input type="checkbox"/> Requesting specific resources: _____	
<b>Background</b>	<p>The purpose of the UM program is to ensure care and services received by CCRMC patients are patient centered, culturally sensitive, safe, efficacious, equitable, appropriate, timely, of high quality, consistent with evidence-based standards of care, and are coordinated and continuous across the health care spectrum.</p> <p>The scope of the UM program includes acute inpatient hospital care, surgical procedures, and ambulatory health services (not behavioral health) delivered to CCRMC patients. The main focus of UM includes review of inpatient hospital admissions, continued stays for medical necessity and appropriate setting. Other review activities may include avoidable admissions; admissions for which early discharge may be possible; delays in service which increase length of stay; long stays of outlier status; patients awaiting long-term and chronic care placement; “social” or administrative hospital stays; planned surgeries; high-cost diagnostic testing; appropriate use of specialty and ancillary services.</p>	
<b>Aim Statement</b>	<p>To facilitate safe, equitable, appropriate, high-quality, cost-effective care and settings for CCRMC patients. To promote collaboration and communication between clinical departments to enhance the efficacious and appropriate utilization of health care services, improve care quality, promote continuity of care. To assess, monitor, and implement appropriate utilization processes that promote the efficacious use of health care services.</p>	
<b>Measurement Strategy and Goals</b>	<p>The UM department is responsible for monitoring appropriate length of stays, usage of blood products, and SIMS criteria, which includes surgical approval rates, and tissue concordance rates.</p>	
<b>Analysis</b>	<p><b><i>InterQual 2022 version:</i></b>  Interqual is the software we use for evaluating patients for acuity on admission, and for continued stay. We are currently using the latest 2022 version. As with other past updates, the criterion for acute admission becomes a bit harder to meet. This is already apparent for concurrent reviews for Med/Surg, OB, and Peds. There are more secondary reviews now as more are not meeting on initial RN evaluation. I am in the process of scheduling a provider training session for the latest updates. This most likely will not change the rate of patients not meeting acuity on secondary but will allow us to be more consistent in our reviews and messaging with providers as to why acuity is not met. Lastly, our medical secondary reviews are now a part of the medical record.</p> <p>Previous updates have allowed emergency room doctors and hospitalist real-time analysis on whether the patient is meeting acuity for admission. This software update has been used by other hospitals for years. Its’ use is meant as a guideline and a learning tool.</p> <p><b><i>Expedited Placement for CCRMC ED:</i></b>  This UM department has continued to work with our emergency department providers to prevent non-acute admissions for non-acute medical reasons. Additional resources have been in place for the past few years. The ED will hold the patient past the 92-hour threshold I reported on last year. It is not unheard for patients to be held between 100-200 hours while awaiting placement. In 2021, 171 patients were seen for expedited placement, with only 11 patients being admitted. In 2020, there were ~330 expedited placement patients seen. About 277 were placed, 53 were admitted. In 2023, we have had 96 expedited placement</p>	

patients with an admit rate of 6.25%. If an expedited patient returns to the ED, their chance of admission increases to 23.81%.



**Expedited Placement Patient Outcome (INP4885)**

Displays ED patients with an expedited order placed between 10/31/2022 and 10/31/2023.

Total ED Visits With Expedited Orders	Median ED LOS Hours	Total # of Expedited Patient Stay Hours	Admit Order During Encounter Count	Admit Order Rate	ED Returns	ED Return Rate	ED Return To Admission Rate
96	58.69	5057.00	6	6.25%	21	21.88%	23.81%

**Long stay patients:**

Long stay is defined being non acute for > 30 days. The UM committee continues to meet on a regular basis to prevent / reduce overall non acute days for long stay admissions. On average, we have between 15-18 patients a day. One year ago, this number was averaging around 47 patients a day. We have developed a strong working relationship with CCHP and they are able to provide resources which have helped reduce long stay admission rates. Take back agreements have been contributed to reducing overall days.

**UM Staffing:**

The department has been short in terms of Medical Social Workers. Currently we have 3 full time social workers and 2 temporary social workers. We remain short of UM RN positions. Four positions were eliminated in 2022 and we remain short in this area. Primary staffing concern is not having a dedicated 4D “psych” UM nurse. At present, UM RN staff members are pulled from other units to provide sporadic part-time coverage. Psychiatric UM is a specialty. At present, we have only one “psych” UM RN who covers 4C. The job can be learned but requires a dedicated RN for consistency. This prevents timely discharge of non-acute patients, which limits admissions from other units in the hospital and PES. Matthew Luu. The new Behavioral health chief has been very helpful in this area. Our goal is to have a fulltime UR nurse to cover inpatient psychiatry and to use software called Kepro for psychiatric UR.

This is also important as the inpatient psych undergoes a MCal triennial utilization audit in which we retrospectively review one months’ worth of admissions and perform a self-disallowance audit of what we believe as patient’s not being acute. Specifically, we do not receive the amount of money for the self-disallowance. This is in addition to the money the state disallows during their general audit of other patients. This is a requirement by the state. The motivation for being objective about non-acute days and administrative days comes from the threat of the state declining a similar percentage of overall non-acute and administrative days for the entire 3-year period.

**Care Port Case management portal (CPCM) [the old Allscripts]:**

The CPCM portal will allow us to send requests much more expeditiously for our inpatients who require skilled nursing, board and care, home health vendors, etc. This portal will allow CCRMC to compete for limited beds and services on a more equal footing. In the past, we have had to print then send by facsimile each request to each facility. Go live date toward the end of this year.

<b>Actions Taken</b>	<ul style="list-style-type: none"> <li>- Physician and RN training to take place regarding InterQual 2022 version.</li> <li>- Continue to advocate for dedicated 4D UM nurse position and get permission to replace four UR nurses.</li> </ul>											
	<b>Recommendations / Action Plan</b>											
	<b>Tasks</b>	<b>Responsible Person(s)</b>	<b>Due Date</b>									
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CONTRA COSTA REGIONAL MEDICAL CENTER  
CONTRA COSTA HEALTH CENTERS  
A Division of Contra Costa Health Services

**UTILIZATION  
MANAGEMENT  
PROGRAM  
2023**

# Utilization Management Program

2023

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## **UTILIZATION MANAGEMENT PROGRAM**

## **UTILIZATION MANAGEMENT OVERVIEW**

The Contra Costa Regional Medical Center and Health Centers (CCRMC & HCs) are comprised of a county run hospital and 11 ambulatory care centers. CCRMC & HCs provide emergency, urgent and planned medically necessary services to Contra Costa residents regardless of the patient's ability to pay.

The county's elected Board of Supervisors is the CCRMC & HCs Board of Directors. The Utilization Management Department and Program is a Medical Staff responsibility which is operated under the direction of the Medical Executive Committee and the Patient Safety and Performance Improvement Committee. The UM Department consists of a UM Physician who chairs the UM Committee, a UM Manager (Registered Nurse) who oversees the daily operations, UR Coordinators (Registered Nurses), a UM Secretary and Specialist Clerks who carry out the UM responsibilities and functions.

CCRMC & HCs provide health care for private individuals, Contra Costa Health Plan members, Medical and Medicare beneficiaries and other publically funded groups.

### **Policy**

The UM Department monitors the use of health care resources to promote efficient and high quality professional care for patients. The UM program is carried out by the UM Department under the direction of the UM Chair and the Utilization Management Committee (UMC).

### **Purpose**

The purpose of the UM program is to ensure that care and services received by CCRMC & HC patients are patient centered, culturally sensitive, safe, efficacious, equitable, appropriate, timely, of high quality, consistent with evidence-based standards of care, and are coordinated and continuous across the health care spectrum.

Activities are designed to oversee resource utilization processes by monitoring services delivered to CCRMC & HC patients, which encompasses: quality and continuity of care, appropriate and timely service, access to preventive services, and promotion of continuous improvement of care and services. Provisions of these activities are based on accepted practice standards, regulatory compliance, and clinical criteria or guidelines. The UM Program communicates, collaborates, and works in conjunction with the Patient Safety and Performance Improvement program as well as other CCRMC & HC programs to ensure quality, accessible, and cost-effective care are available and rendered to members. The UM Program is reviewed and updated on annual basis and approved by the Patient Safety and Performance Improvement Committee and Medical Executive Committee.

### **Availability**

Normal business hours for Utilization Management (UM) Department are Monday through Friday from 8:00am to 5:00pm, excluding weekends and holidays. During these hours, staff is available for inbound and outbound communications regarding the UM processes. When making outbound or returning calls, staff identifies themselves by their name, title and organization. Patients and providers can reach the UM Department by calling the main number for the UM Department (925) 370-5180.



Afterhours and during weekends, both callers have two options. For non-urgent matters, the caller can leave a message at the above number. Messages are addressed the next business day. For urgent matters, the caller can contact the Medical Center Supervisor, who is located at the hospital 24/7, by contacting the hospital operator at (925) 370 5000. As necessary, the Medical Center Supervisor has access to the UM Administrator. A toll free number, TDD/TTY for hearing impaired, and language assistance are available and accessible to CCHP members and providers. Refer to specific Member Materials handbook and Provider Manual.

## **Objectives**

- To facilitate safe, equitable, appropriate, high-quality, cost-effective care and settings for CCRMC patients.
- To promote collaboration and communication between clinical departments to enhance the efficacious and appropriate utilization of health care services, improve care quality, promote continuity of care.
- To assess, monitor, and implement appropriate utilization processes that promote the efficacious use of health care services.
- To evaluate historical data and trends, pertinent quality outcomes, member satisfaction, and resource utilization, in order to implement necessary process modifications to enhance UM functionality.
- To act as an intermediary between necessary disciplines for continuity of patient care.
- To work in conjunction with health care providers to assess and identify long term care needs, catastrophic illness, and treatment and resources necessary for positive patient outcomes.
- To continually strive for and support interdepartmental collaboration and dialogue for quality improvement focus within utilization management.

## **Scope**

The scope of the UM program includes acute inpatient hospital care, surgical procedures, and ambulatory health services (not behavioral health) delivered to CCRMC patients. The main focus of UM includes review of inpatient hospital admissions, continued stays for medical necessity and appropriate setting. Selected review of potential high-cost, high-risk, high-volume inpatient and outpatient services are reviewed when appropriate and necessary. Other review activities may include avoidable admissions; admissions for which early discharge may be possible; delays in service which increase length of stay; long stays of outlier status; patients awaiting long-term and chronic care placement; “social” or administrative hospital stays; planned surgeries; high-cost diagnostic testing; appropriate use of specialty and ancillary services. We define an extended stay patient by a length of stay greater than 90 days.

## **Authority and Responsibility**

The Contra Costa County Board of Supervisors (the Board) has ultimate responsibility for the utilization activities of CCRMC. The Board has delegated authority for oversight of UM functions to CCRMC's

Medical Staff, the UM Committee, and the Utilization Management Department staff. The UM Committee reports its' activities to the Medical Executive Committee, who reports to the Board of Supervisors through the Joint Conference Committee. The UMC Physician Chairperson has the administrative authority and responsibility to ensure that an effective UM program is supported and maintained.

The UMC and Chair are responsible for the oversight and direction of the UM program, including monitoring to assure that administrative and management decisions do not compromise the quality of care and service provided to CCRMC patients. The UMC Chair is responsible for providing clinical support and exercising professional judgment on matters of quality and standard of care, appropriate utilization of health resources, related peer review, and medical necessity of clinical and medical procedures.

The UMC reviews utilization decisions and actions, denials of service, denial appeals, UM studies, issues and reports, and makes recommendations for corrective actions such as focused studies, monitoring, changes in policies and procedures, and actions necessary to ensure the delivery of high-quality, cost-efficient health care. The UM Chair oversight responsibilities include assurance that administrative and management decisions do not compromise the quality of care and service provided to CCRMC & HC patients. The UM Chair is responsible for providing clinical support and exercising professional judgement on matters of quality of care, peer review, and clinical and medical procedures. The UM Chair and UM Manager act as liaison to the CCRMC & HC providers in clarifying benefit and policy issues.

### **Utilization Management Program Evaluation**

In addition to monthly UM reports, CCRMC's Patient Safety and Performance Improvement Committee evaluates the UM Program on an annual basis to assess the effectiveness of the program. This evaluation includes an assessment of completed and continued program activities, comparison of industry standards and trends to CCRMC and HC's practices, review of internal and external audit findings, effectiveness of monitoring and reviewing activities, and efficiency of the UM Program in identifying and acting upon UM issues.

Feedback to CCRMC & HC providers is accomplished through provider participation in Safety and Performance Improvement meetings, UM Committee meetings, distribution of UM activities analyses, in the form of reports, conferences, and meetings.

### **Utilization Management Satisfaction Evaluation**

Data such as average length of stay, readmission rates, patient experience, and blood usage allow the UM department to monitor, evaluate, and identify problem areas and improvement opportunities. Data is reviewed and analyzed by process owners and presented with recommendations to the Utilization Management and Patient Safety and Performance Improvement Committees.

Additionally, patient complaints, grievances and appeals are regularly reported by Utilization Management and Provider Relations Utilization Review and Patient Safety and Performance Improvement Committees. UM and discharge planning related complaints and grievances are referred to and handled by a member of the UM management team. UM related appeals are handled by a clinical reviewer not involved in the original determination. UM related complaints and grievances are handled by the UM management team. Therefore, areas of concern are quickly identified and as necessary, corrective action plans implemented in a timely manner. Program enhancements, such as ongoing staff

and provider education and training, improved reporting data and implementation of additional program activities may be necessary to address areas of concern. Providers are encouraged to contact the UM Department with their concerns and process improvement ideas.

## **References**

Federal regulations:

Centers for Medicaid and Medicare Public Health:

Title 42, Chapter 4, Quality, Utilization, Discharge Planning

California State regulations:

California Department of Licensing, Title 22

California State Department of Mental Health, Title 9, Chapter 11

Accrediting Agency:

Joint Commission on Hospital Accreditation: PC 2.1, 3.13; PI 1.10

Contra Costa Health Plan:

Utilization Management Program Description and UM Policies and Procedures

## **UTILIZATION REVIEW PROCESS**

### **Policy**

The UM program monitors health care delivery and utilization of health care resources rendered to all CCRMC patients regardless of payer source or status.

Activities are designed to review quality and continuity of care, appropriate and timely service, appropriate place of service, preventive services, process modification, cost efficiency, and communication and tracking for continuous improvement of care and service. Provision of these activities is based on evidence based clinical standards and criteria sets.

The UM program communicates, collaborates, and works in conjunction with the Patient Safety and Performance Improvement Committee (PS&PIC) program as well as Risk Management and Credentialing.

The UM program is dynamic and is reviewed, updated and approved on an annual basis by the UMC.

UM staff identifies themselves by name, title and organization name when communicating with individuals regarding UM matters.

Utilization review is an integrated, dynamic function, which encompasses:

1. Validating benefits
2. Reviewing and obtaining authorization for medically necessary covered services

3. Reviewing inpatient and outpatient services throughout the continuum of care
4. Identifying duplication of services, under/over utilization activities
5. Reviewing appeals for denied services
6. Securing and coordinating medically necessary covered service(s) for patients.
7. Tracking all of these processes

### **UM Decisions**

UM decisions are based upon medical appropriateness and the specific health plan benefits. Within this context, decisions are made in a fair, impartial and consistent manner. Denial or modification decisions are based upon medical necessity and made by a physician.

UM RNs may make UM decisions that require clinical judgment, i.e., assessing if a patient's condition meet medical necessity criteria for treatment and determining the appropriate level and intensity of care. Denial decisions are made by a physician.

Timeliness of decisions, urgent and non urgent, are based upon regulatory standards and specific requirements of the health plan of the patient. Unfavorable decisions may be appealed according to the specific health plan's regulations. Appeal procedures are appended to denial/modification notices sent to the patient and provider.

### **Access to Board-Certified Consultants**

Board certified specialty physicians are available at CCRMC and consulted as necessary by the UM Physician Chair or designee from the UM Committee to assist in a UM decision. Outside board certified specialty physician may also be consulted when necessary to make a UM decision.

### **Information Used to Support UM Decisions**

UM staff gathers appropriate clinical information needed to determine medical necessity for the requested service. Information sources may include, but are not limited to:

- Office, clinic and hospital records including treatment plans and progress notes
- Diagnostic imaging, laboratory, operative and pathological reports
- Consultations from other health care practitioners and providers
- Rehabilitation evaluations
- Conservative or standard treatment / regimens tried and / or failed
- Patient characteristics and related information including psychosocial history
- Information from responsible family members
- Information regarding the local delivery system

## **TYPES OF REVIEW**

### **I. PROSPECTIVE REVIEW**

#### **A. Purpose**

Prospective review is an integral component of the review process. It allows for benefit determination, evaluation of proposed treatment, determination of medical necessity for requested treatment and referral, identification of service duplication, assignment of the length of stay and appropriate practitioner or level of care prior to the delivery of service as well as the identification and initiation of referrals to case management.

#### **B. Functions**

The function of prospective review is to determine medical necessity for requested service and to:

- a. Pre-authorize inpatient admissions
- b. Prior authorize services or procedures
- c. Validate billing codes and identify potential unbundling activities
- d. Determine initial level of care and length of stay needs
- e. Determine if the requested service is within the PCP's scope of practice
- f. Determine if initial or ongoing specialty or tertiary care is needed
- g. Identify service duplication, benefit limitation or exclusion
- h. Identify potential quality of care issues by using specified quality indicators and nursing judgment and submitting information to the appropriate Quality Management (QM) personnel
- i. Identify and refer potential fraudulent or abusive practices
- j. Identify and refer patients who may benefit from case management services

#### **C. Standards for Review and Approval**

1. Verification of member eligibility and benefit limitations are secured for all services requiring prior authorization.
2. Initial referrals to and follow up care with specialty providers for medically necessary service/testing/procedure may be approved when there is documented evidence of the following:
  - a. For initial referrals:
    - i. A careful history and physical examination has been completed
    - ii. When applicable, trial and failure of conservative therapy or standard treatment has been attempted
  - b. An explanation that the specialty service/testing/procedure is necessary to define the specific etiology of the patient's symptoms and the results will affect the treatment plan
    - i. The requested service is not within the PCP's scope of practice.
  - c. Coordination and feedback between the specialty care provider and member's primary care provider for ongoing or transition of care.
3. Non-elective inpatient hospitalization requests may be approved after initial concurrent review has been completed and medical necessity determined, based on clinical guidelines. If

a delay in service is identified or the admission did not meet InterQual criteria, the requesting provider and patient will be notified according to the timelines noted in policy “Timeliness of the Utilization Review Decision and Communication”.

**Services for which Prior Authorization is not required:**

- Emergency services
- Family planning services
- Preventive services
- Basic prenatal care

**Services for which Prior Authorization is required:**

- Services provided outside of CCRMC system
- Elective inpatient admissions
- Elective surgical procedures (inpatient and outpatient)
- Urgent services denied, or not covered, by patient’s insurance
- Services for uninsured patients

**Procedure for Review and Approval**

Requests for service requiring prior authorization from health insurers are submitted to the UM Department electronically via ccLink. Insurance eligibility and benefit determination are secured by the Financial Counseling Department for all elective services prior to authorization approval. Clinical criteria approved by the Medical Staff are used to approve, modify or deny requested services. Refer to the policy “Timeliness of UR Decision and Communication”. Emergency and urgent services are rendered without waiting for a prior authorization approval, and often prior to notification of the UM Department.

The plan for the requested service and its medical justification are documented in the patient’s electronic medical record (EMR). UM Department staff checks the patient’s EMR for a description and date of the service scheduled, related diagnosis and appropriate medical justification for the procedure, and financial coverage of the patient. The UM Department gathers the relevant clinical information to support UM decision making. Medical justification for the requested service is checked against clinical criteria specific to the service being requested. Specific payer source procedures for prior authorization are followed to insure reimbursement. If criteria are met, the requested service is approved.

MediCal coverage: Prior authorization requests and related clinical data are submitted to MediCal electronically for approval/modification/denial.

Contra Costa Health Plan: Coverage for CCHP Commercial, managed MediCal & Medicare coverage: Prior authorization requests and related clinical data are referred to CCHP. Policy UM15.002 is used to determine the medical criteria that will be used to process the procedure request.

Requested services for which there are no criteria, or services which do not fully meet criteria, are referred to the UM Physician Chair for review. The patient’s PCP, or requesting physician, may contact the UM Committee Physician Chair directly by telephone, or in writing, to discuss the proposed service and medical rationale for the service. The Chair is a permanent position occupied by the designated

physician year-round. The UM Chair can be reached by pager for urgent UM issues and decisions. Literature review, second opinions, consulting physician opinions and UM Committee determination may be employed in making an approval/ denial decision regarding a requested service. Refer to section entitled “Sources of Criteria” and “Application of Criteria and Guidelines” for further information.

If the requested service and accompanying documentation of medical necessity meets criteria, the service is approved. Notification of approved services is made to the patient in writing and the requesting physician in writing. Notification timeframes of the specific insurer are observed.

### **Denial, Modified, Deferment of Service**

Denial of services, total or partial, is based upon criteria. Only a UMC physician may deny requested services. The relevant clinical information is gathered to support the utilization management decision making. Denials for service are signed by the UM physician who made the determination. The rationale for denial is discussed with the requesting physician. If the requesting physician is in agreement with the denial, no further review action is required. If the requesting physician disagrees with the denial decision, the UR physician will refer the case to a second UMC physician member. The second UMC physician member renders a final determination, which is documented in InterQual. The physician or patient may appeal the denial decision through the UMC. Denials of elective, non-urgent services due to lack of coverage/ benefits, or lack of medical necessity as determined by criteria review by the UM Department and/or insurer are communicated to the patient in writing, stating the reason(s) for denial.

Requests for services may be deferred to await 1) additional clinical information required before UM can make an appropriate decision, 2) benefit clarification, 3) insurance coverage clarification. The request for additional information is made the day the request is reviewed. Requests for additional information are made by telephone and/or facsimile.

### **Notification Timing**

The patient and requesting physician are notified in writing of approval, deferment, modification, or denial of service(s). Refer to policy “Timeliness of the Utilization Review Decision and Communication.” The UM Department may telephone the patient and physician if the denied service was already scheduled. The UM Department sends the patient and physician an Approval, Modification, or Denial Notification Letter, signed by the UM Physician, which includes the reason for modification or denial and the appeal process, including the expedited appeal procedure. Notification timeframe requirements of specific insurers are followed.

### **Content of Notification**

The content of the denial notification shall contain the relevant clinical information in simple language to explain the specific reason(s) the patient’s medical condition did not meet medical necessity criteria for the service requested. The notification must also cite a specific source reference(s) for the benefit provision, guideline, protocol or similar criterion upon which the denial decision is based. This information is presented in the notification in an easily understandable, clear and concise way. It will contain the specific title, section or item number of the source. The content of the denial and modification notifications are monitored by the UR Manager for compliance to these standards.

### **Reimbursement Authorization**

Each payer source or insurer has unique authorization requirements. The UM Department Authorization Clerk initiates the required communication and paperwork to request authorization for the procedure/service in a timely fashion.

## II. CONCURRENT REVIEW

### A. Purpose

Concurrent review is the process of reviewing health care services at the time the services are being rendered to ensure not only the appropriate duration and level of care, but also the medical necessity of services. Concurrent review is generally associated with inpatient care. Concurrent review facilitates early discharge planning and identifies concurrent quality case findings.

### B. Functions

1. The functions of concurrent review are to:
  - a. Verify medical necessity
  - b. Determine the need for an extension of previously approved, ongoing treatment
  - c. Determine approximate length of stay or ongoing care
  - d. Determine appropriate level and setting of care
  - e. Assess ancillary usage
  - f. Determine the severity of illness and intensity of services
  - g. Change or determine the level of case management when appropriate
  - h. Initiate timely discharge planning activities
  
2. Patients and providers shall be notified in a timely manner about no longer meeting medical acuity for acute hospitalization. The written communication shall contain information regarding the process for an appeal/reconsideration. For detailed information, refer to UM policy, "Timeliness of UR Decision and Communication".

The review of hospitalized patients for medical necessity; appropriateness of level care and setting of care, and services rendered is performed by the use of objective criteria (InterQual, Title 42, Title 9, MediCal criteria, or other government regulations as applicable) approved by the Medical Staff of the UMC. The UM Nurse determines the review intervals based upon expected length of stay as well as the patient's condition, treatment plan and progress. Admission reviews are performed by the next business day.

Potential discharge needs and/or the need for special case management is assessed and referred to appropriate persons or departments, e.g. Infection Control for contagious conditions or Medical Social Worker for substance abuse or homelessness, during the Admission Review.

The Admission Review assessment is documented on the electronic UM Record (log). A length of stay is assigned and the next review date is noted on the review record. *Hospital stays for patients with MediCal coverage and pending MediCal coverage* have daily reviews documented. Referrals made for needed services are documented on the review form in the comments section.



- C. Scope  
Concurrent review activities may be a focused effort and targeted to identified providers, services, members, method of payment, or any combination thereof.
- D. Frequency  
Ongoing

### **III. RETROSPECTIVE (POSTSERVICE) REVIEW**

#### A. Purpose

Retrospective review is the review of patient care and service after it has been rendered and/or the patient has been discharged from the inpatient setting. Retrospective review includes, but is not limited to: medical necessity, appropriateness, site of service, non-urgent out-of-network, and quality of care. Retrospective review is conducted as part of the appeal and reconsideration process. The retrospective review process may be used to monitor utilization activities, which may result in further analysis of encounter and other data to determine the appropriateness of a focus review.

#### B. Functions

- 1. The functions of retrospective review are to:
  - a. Provide review for medical necessity and appropriateness of services in those instances where authorization was not obtained but required.
  - b. Same as above, Topic I, Prospective Review, section B. Functions, item d-e

#### C. Standards for Review

Retrospective review decisions will be based on clinical guidelines and/or trends that emerge from medical need and industry standards for appropriateness of care using guidelines defined by the UM Committee and carried out by the Utilization Management Department. Retrospective reviews shall include, but are not limited to:

- a. Review of aggregate data, such as encounter data, from prospective and concurrent utilization management/case management activities, i.e. emergency department care and outcomes
- b. Review of services which required prior authorization

#### D. Scope

Retrospective review will be performed on any services rendered, aggregated for analysis, trending and determination of need for program changes or practitioner review.

#### E. Frequency Ongoing

#### **IV. FOCUS REVIEW**

##### **A. Purpose**

Focus review is review directed at a specified area of service or population generally to address identified or suspected problems, or to assess provider performance in meeting prescribed standards of care.

##### **B. Functions**

- a. Determine over and underutilization of services reviewed
- b. Identify high cost services
- c. Review for deviations from community or the Plan normality
- d. Same as above, Topic I, Prospective Review, section B. Functions, item d-e

##### **C. Responsibility**

Utilization Review Committee

##### **D. Standards**

Focus review will be conducted based on internally identified question or problem areas, high volume or high-risk services, or requests from regulatory agencies, and other areas that would benefit from investigation.

##### **E. Frequency**

Ad hoc

#### **VI. INDIVIDUAL CASE REVIEW**

##### **A. Purpose**

Individual review can be performed prospectively, concurrently and retrospectively. Individual cases will be assessed for medical necessity, level of care, appropriateness of site and duration, and delays in the provision of health care services. Individual review is performed in a timely manner as described in medical staff policy Ongoing Professional Physician Evaluation (OPPE) and Focused Professional Physician Evaluation (FPPE).

##### **B. Functions**

Functions are conducted by the medical staff and described in OPPE and FPPE policy. Individual case review includes, but not limited to:

- Admission, prospective, concurrent, and retrospective reviews
- Medical claims review
- Issues identification
- Sentinel events

C. Scope

Individual review is generally identified under special circumstances such as a sentinel event, member grievance or complaint, potential compensable event.

D. Frequency

Ad hoc

## **VII. EXTERNAL REVIEW**

The UM Department provides patient medical information to external UM agencies representing the patient's insurance carrier, managed care organization or peer review organization, authorized by the patient when s/he signs the Consent to Services and Conditions of Services and of Admission (MR 463-1) upon admission to the hospital.

The UM Nurse provides updated patient medical information and care plans on a continuous basis as requested by a patient's insurance agency during concurrent review.

If the insurance agency denies authorization for care, services or payment, the denial information is documented in the Auth / Cert module of ccLink and communicated to the UM physician. The UM physician will review the denial, and if deemed appropriate, write an appeal to the insurance agency.

Patients are not denied needed and appropriate services/care in an appropriate and safe setting as a result of insurance denial. The patient and a responsible family member as appropriate are apprised of the service/ care coverage denial and the patient's potential liability for the hospital charges, and Financial Counseling is made available to the patient to explore other health coverage programs for which the patient may be eligible. The patient is also made aware of the charity care and discounted care policies of CC Health Services Patient Accounting Department.

Insurance or payer entities that deny services to patients are responsible for informing the patient of their appeal rights and process directly or through CCRMC's UM Nurse Reviewers. Patients and attending physicians are informed of denial decisions no later than two days from the date of denial determination. Denied services, care, reimbursement are evaluated by the UM Chair for justification. If there is disagreement with the denial, a written appeal of the denial may be submitted to the insurance carrier by UM physician, the patient or provider.

External review by CMS, the State Departments of Health Care Services and Mental Health, Joint Commission or other regulatory agencies are accommodated by Patient Safety and Performance Improvement/ Utilization Management staff. Patient consent for such review is given when the patient signs the "Consent to Treatment" (MR 463-1).

## **UTILIZATION REVIEW CRITERIA AND GUIDELINES**

*(Mental Health: Title 42, Section 456.122.22, 456.132; Title 9 1820.205)*

Written validated clinical criteria and guidelines are used in the utilization review process to ensure consistency of review and authorization decisions by the UM Staff. CCRMC complies with clinical criteria/guidelines established for specific health insurers. Clinical criteria are approved annually by CCRMC's Medical Staff represented on the UMC (documented in the UMC minutes). Criteria are applied consistently to CCRMC patient service requests, needs and situations. The criteria used to grant/deny services is updated where necessary and approved by the UM Committee annually.

## Sources of Criteria

CCRMC draws from and follows the recommendations of a number of nationally recognized sources in the development of medical policy and criteria related to preventive care, admissions, outpatient surgeries, and diagnostic and therapeutic services. Criteria are based on sound clinical evidence. In addition to criteria established by regulatory agencies, CCRMC draws from and follows guidelines/recommendations of nationally recognized health plans and organizations that develop sound, evidenced based clinical guidelines, medical literature and journals. Examples are McKesson-InterQual, Milliman Care Guidelines, American Medical Association of Practice Parameters, professional medical specialty organizations such the American College of Surgeons, the Academy of Pediatrics, National Committee for Quality Assurance, National Institute for Health, Centers for Medicare and Medicaid, California Department of Health Care Services. Authorization requests not covered by existing guidelines are handled through literature searches and industry practice standards. If necessary, the UMC Chairperson may consult with an independent expert to assist with a determination.

## Application of Criteria and Guidelines

When clinical criteria are applied, the individual needs of the patients, such as age, co morbidities, complications, progress of treatment, physical limitations, home environment, psychosocial situation, are considered. The patient's insurance benefits, and after-care resource availability are also considered in the review process when developing a patient care plan that will promote the best possible outcome.

The consistency of applying approved criteria/guidelines is measured at clinical levels of authority via periodic retrospective review by supervisory staff, or periodic audits of determinations made by using these criteria.

The criteria used in the decision-making process (prospective, concurrent, retroactive reviews and determinations are as follows:

Hospital admissions: InterQual criteria (electronic) is used for concurrent stay and retroactive inpatient review (planned hospital stays linked to planned procedures are reviewed concurrently). In addition to InterQual, the State Department of Mental Health Titles 9, Chapter 11, Section L Medical Necessity, MediCal guidelines are used for MediCal enrollees admitted for inpatient psychiatric care.

Prospective procedure request review: Criteria and guidelines used are based upon the patient's health coverage.

1. InterQual and MediCal guidelines are used for MediCal, Medicare and uninsured enrollees.
2. CCHP is authorized by CCHP. See policy Utilization Review Criteria and Guidelines, UM15.002 for criteria.
4. Authorizations are obtained from other insurers and documented in the Auth/Cert module of ccLink. Severity of illness and intensity of service are also documented using Interqual criteria.
5. If the above sources do not have authorization guidelines specific to the requested service, guidelines established by nationally recognized sources listed in the Sources of Criteria paragraph above are used. Requested services for which there is no criteria, or the criteria are not met, are referred to the UM Physician Chair. The UM Chair may contact the patient's requesting physician and appropriate service chief to discuss the medical necessity and appropriateness of the requested service; request a second expert opinion, and/or seek UMC review and determination.

## **Access to Criteria and Guidelines**

Criteria/guidelines are available to providers and patients by contacting the UM Department by telephone, fax, e-mail, in person or in writing.

## **Inter rater Reliability**

Annually, an inter-rater reliability report for hospital admissions is prepared by the department manager. The purpose of the inter rater reliability review is to ensure that criteria/guidelines are consistently applied by all reviewers and that operational processes and procedures are followed.

Annual inter-rater reviews are conducted re: consistent and accurate criteria application for pre procedure authorization requests. The outcome data is evaluated by the department manager and reported to the UM Committee.

## **Appeal and Reconsideration**

Patients and providers may appeal, or ask for a re-consideration, of a denied or modified service. The appeal procedure is determined by the regulations of the patient's health plan. Appeal information, instructions and timelines are included with the denial/modification letter sent to the patient and provider. Further appeal and reconsideration information can be found in the REVIEW section of the Program.

## **DISCHARGE PLANNING**

(Joint Commission PC 15.10, 15.20, 15.30, RI 1.10, IM 6.10; Mental Health: Title 9, Sections 1820.230 (d)(2)(A),(B) & 1820.220 (j)(5)(A),(B))

### **Policy**

Discharge planning takes place to formulate safe, appropriate, individualized post-hospital health care arrangements that support the patient's continuing recovery process and maximum functional independence through cooperative activities and communication with the patient, family and among the patient's care providers.

Discharge planning assessment is initiated at the time of admission review (within 24 business hours of admission) to identify discharge needs early in the hospital stay in order to facilitate coordination of discharge activities for a smooth and safe transition of patients through the continuum of care.

### **Procedure**

Initial discharge assessment is performed by the hospital nurse as part of the admission assessment; a referral to the UM/DP Nurse or Social Worker is generated by the nurse if discharge screening criteria are met. The UM Nurse makes a discharge planning needs assessment while performing the initial admission review, within 24 business hours or 3 calendar days on weekend and holidays of admission. S/he makes appropriate referrals to the Social Worker and others as needed to initiate and expedite the discharge planning process. Activities may include:

- Gather information from the patient, family physician, and other health care providers and through Discharge Planning rounds regarding the patient's recovery stage, general condition, level of functioning (physical, mental, emotional), and willingness to care for him/herself, social situation, support system, transportation and health insurance benefit coverage.
- Assist with the authorization of non-covered care from the hospital to home when the physician determines that the patient requires after hospital care.

- Assist in identifying specific patient teaching needs for both inpatients and outpatients that will facilitate independence toward self-care and increase their knowledge of the disease.
- Arrange for professional Home Health Care services, supplies and equipment.
- Provide resource information as necessary.
- Make referrals to the Infection Control Nurses and/or Health Department.
- Confirm financial status through the Financial Counselor or initiate referral for financial assistance.
- Communicate with the interdisciplinary health team members within the hospital and outpatient services to provide continuity of patient care.
- Participate in the orientation of new personnel by defining and interpreting the role of the Utilization Management/ Discharge Planning Nurse.
- Participate in Interdisciplinary Discharge Planning rounds.
- Refer social, placement, substance abuse and transportation problems to the Medical Social Worker.

If a patient's condition changes, in a patient who was previously identified as not needing discharge planning, a discharge planning evaluation will be performed.

Patients are offered a choice of home health agencies and skilled nursing facilities when these services are needed.

## **STRUCTURE & FUNCTION**

### **Utilization Management Committee**

(Mental Health: Title 42, Section 456.201-205; Title 9, Section 1820.210)

The UM Committee has the responsibility of carrying out the UM program as approved by the Medical Staff. The UMC is responsible for providing direction and recommending changes as needed to comply with federal and state regulations and ensure the provision of cost-effective quality care. Its members provide medical oversight and guidance to UM Department UM RNs and other staff as they carry out UM activities and functions. The UM Department reports to the UMC.

### **Committee Composition and Organization**

(Mental Health: Title 42, Section 456.201-205; Title 9, Section 1820.210)

The UMC consists of six to eight physician members who represent the Medical Staff clinical services of Surgery, Internal Medicine, Pathology, Diagnostic Imaging, Family Medicine, Psychiatry, Contra Costa Health Plan Medical Director, and Utilization Management staff. The Chair and other members of the Committee are appointed according to the Medical Staff By-Laws. The term of membership is at minimum two years; it is the Clinical Department Chair's responsibility to attend the UMC meetings or assign a designee to attend in his/her place.

In addition to the physician membership, representatives of the following departments are members of

the UMC:

- Medical Records (ad hoc)
- Social Service
- Nursing
- Administration
- Ancillary and Clinical Support Services (ad hoc)
- Utilization Management Department Manager

**Voting rights:** All physician members and non-physician members have voting rights on non-medical issues. Only physician members may vote on medical issues. A quorum, at minimum three physicians, is required to make UM medical decisions.

The Chair of the UMC serves as a member of the Medical Executive Committee (MEC) and reports from the UMC are carried to the Medical Staff Executive Committee and thence to the Board of Supervisors (via the Professional Affairs Committee).

### **Utilization Management Committee Functions**

(Mental Health: Title 42, Section 456.201-205; Title 9, Section 1820.210)

The functions of the UMC are carried out by the Committee as a whole or are delegated to the Physician Reviewer (PR), who is a Committee member. Day-to-day functions are delegated to UM Department staff, which includes Registered Nurses. The Committee is charged with the following functions:

- Implement and carry out the responsibilities of the Utilization Management Program to ensure that high-quality, cost-effective patient care is provided.
- Review the UM Program on an annual basis for effectiveness of the review process.
- Establish and apply the conflict-of-interest policy.
- Apply the confidentiality policies for privacy of medical records and other patient information, and for member and/or provider information.
- Review provider effectiveness in appropriate utilization of resources in providing patient care, enhancing provider performance and appropriate care by receiving and reviewing utilization reports and initiating focused studies where deemed necessary.
- Review and approve medical appropriateness standards and criteria that are used in the overall UM program.
- Establish and maintain a concurrent Utilization Review/ Management Inpatient program to include facilitation of appropriate use of patient care resources on admission and during continued stay in the hospital.
- Identify under- and over-utilization and inappropriate utilization through patient input and patterns of utilization: patient and provider profile reports; monitoring medical services, readmission patterns or rates; reviewing inappropriate Emergency Department use.
- The UM Registered Nurses has the responsibility for: timely hospital utilization review; communication with the patient's attending physician, unit nurses and other individuals providing care; and focused review when a question exists regarding the appropriate use of

hospital resources.

- Maintain a criteria-based system used in both the Pre-Admission Authorization Program and Hospital Admission and Continued Stay review activities.
- Initiate early and appropriate referral for planning the continuity of care.
- Coordinate Utilization Review/ Management and specified Quality Assurance (QA) activities.
- Assist in ongoing modification and updating of screening criteria, standards, and review methodology.
- Monitor and facilitate the appropriate use of clinical support and ancillary services.
- Recommend changes in hospital policies, procedures or medical staff practices where indicated as a result of analysis of under- and over-utilization patterns.
- Refer quality of care issues noted during review to the appropriate Manager or Clinical Service Director.
- Maintain complete and accurate minutes of all Utilization Review/ Management activities.
- Report UM activities to the UMC and MEC.

**Utilization Management Committee Meetings** Mental Health: Title 42, Section 456.201-205; Title 9, Section 1820.210

The UMC meets quarterly or more frequently if the Chair determines that a meeting is necessary. Although review of cases and records is done by Physician Reviewers Monday thru Friday (excluding holidays) between regular meetings, presentation of findings as appropriate is made to the UMC for discussion and disposition. Other members of the Hospital's staff (including physicians, pharmacists, etc.) may attend the UMC meetings at the invitation of the Committee Chair. The Committee bears full responsibility for the actions of its representatives and has full authority to review, monitor and correct review decisions and procedures.

**Patient Information required for utilization review by the URC:** Any patient record under consideration by the URC will have at minimum the following information: *Mental Health: Title 42, Section 456.211; Title 9, Section 1820.210*

- Patient identification by medical record number.
- Name of treating physician.
- Admission and discharge dates.
- Medical information that explains justification for admission, diagnoses under treatment, treatment regimen, diagnostic and lab information and plan of care *Mental Health: CFR 456.180*
- Clinical reasons and plan for continued stay made by the attending physician (hospital course, progress notes, and anticipated discharge plan).
- Initial and subsequent continued stay review dates *Mental Health: CFR 456.234;*
- Other supporting information the URC believes appropriate to be included in the record.

**Records and Reports** Mental Health: Title 42, Section 456.212-213 and 456.232: CCR, Title 9,



## Chapter 11, Section 1820.210

Complete minutes are maintained of all UMC meetings. UMC recommendations and actions are reported to the Medical Executive Committee (MEC) of the Medical Staff. The monthly operational reports consist of:

- Total admissions.
- Average daily census.
- Average length of stay broken down by medical/surgical patients, psychiatric patients and nursery patients.
- Readmission rates within 30 days broken down by medical/surgical and psychiatric readmissions.
- Non-acute days by payer and by medical/surgical and psychiatric services.
- Audit reports from the Designated Public Hospital Project.
- Surgical Indication Review: Number of surgeries performed that underwent prior authorization; number of denied elective procedure requests and reason for denial; number of tissues that were referred for review out of the total number of tissues submitted to Pathology Service.
- Transfusion Indication Review: Transfusion product use review outcome.
- Outcome of individual and aggregate review of patient data.

Annual reports containing Physician Utilization data; UM Program review and action plans for the next year; facility site review results from government regulators (CMS, State Departments of Public Health and Mental Health, Joint Commission); studies requested by other departments and committees are available for reference.

The reports appear in the UMC minutes and are reported to the Patient Safety and Performance Improvement Committee, the Medical Executive Committee semi-annually, the Finance Department monthly, the Mental Health Department and other departments upon request. The physician members of the URC are responsible for disseminating appropriate UM reports to their respective Clinical Department membership.

Memos from the UM Department Chair function as educational tools by imparting utilization information, payer rules, quality of care monitoring outcomes, standard of care for specific diseases.

Follow-up studies/ review are conducted by the UM Department or by Departments/ Managers to evaluate effects of changes made. Results of the follow-up studies are reported to the UMC. All reports, discussions and actions are documented in the UMC minutes. Copies of reports may be sent to the appropriate Department Chairs for dissemination to staff, to the Patient Safety and Performance Improvement Committee and Chair, and to the Managers of the Contra Costa Health Plan Quality Management or Utilization Management or Member Services Departments as appropriate to the subject matter, and to the Director of Utilization Management of the Mental Health Division.

### **Conflict of Interest Clause**

*(Mental Health: Title 42, Section 456.206; Title 9, Section 1820)*

Physicians and non-physicians do not perform review nor make UM decisions on patients to whom they have provided health care services, or cases in which they have significant involvement or financial

interest. Members of the UM Committee and UM Department sign a statement annually which declares that the staff member makes UM decisions based on clinical appropriateness of care and services, and are not offered incentives or compensation for approval or denial of care/ services.

## **Confidentiality Requirements**

(References: Federal Mental Health Title 42, Section 456.212-213 & Section 456.232. Federal HIPAA Privacy and Security regulations. Joint Commission IM 2.10, LD 3.15, RI 2.130. California State regulations: Welfare and Institutions: Mental Health Title 9, Section 1820.210; Title 22 70707 & 70751. Contra Costa County Policies 700, 410, 701, 701a, 215p)

The identity of patients is kept confidential. Communications in all forms adhere to confidentiality policies and procedures cited above. Worksheets, minutes of meetings, findings and recommendations are kept confidential. All references to specific patients are by medical record number, and all references to individual practitioners are by code number. Records of review findings are maintained in secured files and are made available only as required by law or as specifically authorized in writing by the President of the Medical Staff or the Administrator of the Hospital. The confidentiality and reporting requirements of reviewing agencies with legal authority are observed. Members of the Utilization Management Committee sign a confidentiality agreement during the credentialing process when hired (physicians) and biannually as part of performance review.

## **Admission, Unit Transfer, and Discharge; Hospital Policy No. 543**

*(Contra Costa Regional Medical Center Hospital and Health Centers)*

### **I. Purpose:**

To provide interdepartmental guidelines for patient admission, transfer, and discharge.

### **II. References:**

Other CCRMC, HCs, and Department Specific Policies and Procedures  
Licensing & Certification of Health Facility, CA Admin. Code Title 22, Section 70717  
VA Guidelines  
TJC 2016 Standard PC.02.01.01, “The hospital provides care, treatment and services for each patient.”  
CMS Conditions of Participate (A28, A214, A330, A343)  
California Health and Safety Code Section 1262.5 Discharge Planning

### **III. Policy:**

Contra Costa Regional Medical Center (CCRMC) provides basic medical services regardless of the patient’s ability to pay or the patient’s housing status. Patients are admitted to and discharged from CCRMC based on a clinical assessment and diagnosis by a physician as well as other licensure and competent staff available. CCRMC maintains written and/or verbal agreements with health agencies, facilities, and specialty providers. Referrals and intra-facility transfers are made for services which CCRMC does not provide. Discharge planning services help prepare patients for return to the community by connecting them with available community resources, treatment, shelter, and other supportive services. This policy applies to patients admitted to the hospital’s inpatient services.

### **IV. Authority/Responsibility:**

Admitting Physician  
Admissions/Registration staff  
Staffing Services  
Nurse Program Manager(s)

Charge Nurse(s) or designee  
Staff Registered Nurses

## **V. Procedure:**

### **A. General Information**

#### **1. Medical Staff:**

Attending physicians are credentialed and privileged according to the medical staff by-laws, The Joint Commission (TJC), and NCQA Standards. Residents, interns, and students are under the direct supervision of an attending physician.

#### **2. Limitations Imposed by Law/Licensure:**

CCRMC provides basic medical services as regulated by its licensure. Services required outside of these will be referred to other facilities/providers as deemed by the primary physician and an intra-facility transfer will be arranged.

#### **3. Financial Considerations and Advance Deposits:**

It is the hospital policy and practice that no individual will be turned away from receiving emergency health care due to his/her inability to pay for the service. Patients requesting services are referred to a financial counselor and eligibility to assist in getting appropriate funding such as through Basic Adult Care, Medi-Cal, or through the Health Plan. ....

Patients requesting elective surgery are asked to provide 50% of the cost.

#### **4. Rates of Charge for Care, Charges for Extra Services and Hospital Charges:**

The various charges for care rendered as set forth by the County Board of Supervisors are clearly posted in the following areas: Admissions/Registration, Emergency Department, Eligibility Module, and Financial Counselor Offices.

#### **5. Refund Policies:**

It is the policy of CCRMC to refund overpaid accounts when the patient/guarantor or we discover them, as outlined in the Patient Accounting Policy titled General Overpayment Refund.

#### **6. Patient Monies and Valuables:**

Patient valuables are sent home or maintained in the hospital safe. See Admissions/ .. Registration Policy titled Securing and Releasing Patient Property.

### **B. Admissions Criteria**

Inpatient admissions are received in several ways through the Medical and Psychiatric Emergency Departments, direct from health centers, and from outside facilities. See Hospital Policy #552., Ambulatory Care Policy #1023, Psychiatry Policy #200, and Emergency Department Policy #117 for more specific information.

#### **1. Clinical Diagnosis and Admit Order:**

Patients will be admitted to the appropriate level of service based on the physician's clinical assessment and diagnosis. The medical Staff caring for the patient is identified on the admit order. The time of the ED or Resident bed request as captured within ccLink, represents the official "decision to admit to inpatient status" date and time.

#### **2. Patient's Condition and History & Physical:**

The progress notes identify the patient's condition and provisional diagnosis. A History & Physical is performed and documented within 24 hours after admission or immediately before.

#### **3. Patient ID:**

All patients are identified by a wristband provided at the time of admission. Any time

during health care services delivery, two patient identifiers will be verified. Examples include date of birth, social security number, name, medical record number, address, telephone number, etc.

**4. Staffing Limitations:**

Provision of nursing care will be based on the patient care classification acuity system. In the event that patient census and acuity exceed the availability of nursing staff, other provisions will be made. In the event that Critical Care exceeds its capacity for providing this level of service, the Critical Care Unit will implement Hospital Policy #526 CCU Admission Restriction to divert patients out of the Critical Care areas.

**5. Administrative Admissions:**

On occasion, due to unusual circumstances such as placement problems, the administrative team may admit a patient until appropriate services are found. The Medical House Officer will assess the patient and formulate a treatment plan.

**6. Special Considerations for Homeless Patients:**

- a) The registration clerk during admission will ask each patient if he or she is homeless. A homeless patient is an individual who:
- Lacks a fixed and regular nighttime residence, or
  - Has a primary nighttime residence that is a supervised publicly or privately ..... operated shelter designed to provide temporary living accommodations, or
  - Is residing in a public or private placed that was not designed to provide temporary living accommodations or to be used as a sleeping accommodation for human . beings.
- b) Homeless screening will also occur during the registered nurses admission ..... assessment, and will be documented in the medical record.

**C. Transfer Criteria**

**1. “In-House” Transfers:**

The main type of patient transfer is within CCRMC. The reasons for patient transfer includes bed availability, need for different specialty or service, and need for different level of care. The Medical Center Supervisor will be notified by the Charge Nurse (or designee) of all . transfers, unit-to-unit, room-to-room, or bed-to-bed. See Hospital Policies #552 & 560, .. Admissions & Registration Policy titled Admission, Transfer and Discharge Process, and Nursing Policy #118 for more specific procedures.

**2. Insurance Agreements:**

CCRMC is linked with the Contra Costa Health Plan and other insurance providers. CCRMC will provide care for individuals who care coverage is regulated by other county service. Every effort will be made to transfer these individuals to their home county of residence.

**D. Discharge Criteria**

**1. Termination of Services**

Patients may deem to terminate services upon their freedom/right of choice. The hospital staff will follow Against Medical Advice (AMA) Discharge Hospital Policy #610. The hospital staff will initiate Inpatient Absence Without Leave Nursing Policy #104 to address patients who leave the premises.

**2. Discharge of Patients:**

Discharge planning begins prior to, or within 24 hours of admission to the hospital to facilitate coordination of health services throughout the continuum of care. Patients are

discharged from CCRMC upon the decision of their primary physician. Interdepartmental disciplines, i.e., Physical and Rehabilitation Therapy, discharge Planners, Public Health Referrals, Social Services, etc. along with the patient/family are involved from admission to discharge to individualize the discharge goals and needs of patients. Arrangements are made with the patient's primary care provider, health care agencies and organizations to promote the patient's continuing recovery process and maximum functional independence in the post-hospital phase of the continuum of care. The admitting office will be notified by the charge nurse or designee of all discharges. See Hospital Policy #560, Admitting/Registration Policy titled Admitting, Transfer and Discharge Policy and Emergency Department Policies #114 and #118 for more specifics. For discharge of patients within CCRMC between Psychiatry and Medical/Surgical or Critical Care units, please refer to Medical Record Policy #163.

### **3. Special Considerations for Discharging Homeless Patients**

- a. The patient will be offered a meal. All patients admitted to the inpatient setting will have a diet ordered via the Electronic Health Record (HER). Food and Nutrition Services will provide meals (unless contraindicated by the diet order, e.g., NPO) per policy and procedure (please refer to Policy PC.MS-3), which includes all patients identified as homeless during their inpatient admission. In addition, all inpatient nourishment rooms will be stocked with various shelf stable and cold meal options, including plant-based meal options. Those admitted patients identified as homeless that are being discharged (including the Emergency Department and Psychiatric Emergency Department) will be offered a meal from the available options in the nourishment rooms. Food and Nutrition Services will restock each inpatient nourishment room daily.
- b. If the patient's clothing is not weather-appropriate, the patient will be offered weather-appropriate clothing.
- c. The patient will be provided discharge medications as determined by the treating physician. Homeless patients being discharged from the hospital (including med/surg units, post-partum, labor & delivery, PACU, ED, PES and inpatient psychiatry units), every effort will be made to ensure that patients have access to critical medications necessary to treat their acute presenting illness(es).
  - For patients being discharged during Pharmacy Department's operational hours, the hospital pharmacy will dispense up to a 2 week supply of medically necessary medications, as determined by the discharging physician.
  - For patients being discharged to the Concord Shelter who prefer that their medications be delivered to the shelter directly, the patient may request that prescriptions be routed to Solano pharmacy (which delivers medications to the shelter on weekdays).
  - Patients who require a supply that exceeds 2 weeks of medication for chronic condition(s) will be provided with either a paper prescription, or an electronic prescription which will be routed to a commercial pharmacy selected by the patient.
  - Patients discharged after Pharmacy Dept is closed will be provided with either a paper prescription or any electronic prescription which will be routed to a commercial pharmacy selected by the patient.
  - The fact that a patient chooses to leave against medical advice will not be reason to deny or withhold access to medically necessary medications for their post-hospital care, and we will endeavor to supply either the needed medications themselves, or prescriptions for such, prior to any homeless patient's departure. The pharmacy fills discharge prescriptions as they arrive.
- d. Homeless patients being discharged from the hospital will be referred to healthcare for

- the homeless for infectious disease screening.
- e. Homeless patients will be offered vaccinations appropriate to his or her presenting medical condition, as determined by the treating physician. The hospital will follow recommendation from the public health office for any vaccinations that are required specifically for homeless patients and specific for their condition.
  - f. The patient will be offered transportation to his or her chosen discharge destination, if that destination is within 30 miles or 30 minutes of the hospital. Social workers will arrange for transportation. The Medical Center Supervisor will arrange transportation when social workers are not at the hospital.
  - g. The patient will be screened for, and helped to enroll in, any affordable health insurance coverage for which he or she is eligible.
    - At the time of registration while in the ED, all patients who are eligible are enrolled in the Hospital Presumptive Eligibility Program. Each HPE applicant will be provided a Medi-Cal application and required to follow up with a CHW appointment at one of the outpatient health centers for application assistance or visit a local EHSD office to submit a completed Medi-Cal application.
    - Financial Counselors are available to provide application assistance to patients admitted to CCRMC, PES and inpatient psych units.
    - Per our Healthcare for the Homeless Sliding Fee Discount Policy, homeless patients with incomes at or below 100% FPL are to receive a full discount on health care services rendered. Patients who are homeless or at risk for homelessness are not required to apply for health care coverage in order to be eligible for the Sliding Fee Scale Program.
    - Patients who are identified as homeless and ineligible for government sponsored health care coverage program or county sponsored programs will have the appropriate benefit plan code assigned to their HAR and Patient Accounting will adjust the charges accordingly.
  - h. Each discipline providing discharge planning for homeless patients will document attempts to provide services described above (a-g) in the medical record, patient's discharge location will be documented in the medical record.

**Attachment A:**

Coordinated Entry System (CES) Flyer

**Approved by:**

Emergency Department: 4/2013

Patient Care policy & Evaluation Committee: 12/2012, 8/2017, 3/2019

**Reviewed:**

11/1997, 7/2000, 7/2003, 7/2007, 4/2017

**Revised:**

11/2012, 3/2013, 12/2018, 4/2019

## **Patient Discharge Medications, Policy #3322**

*(Contra Costa Regional Medical Center Department of Pharmacy Services)*

### **I. Purpose:**

To establish under what circumstances the Inpatient Pharmacy will fill discharge prescriptions.

### **II. References:**

TJC Standard MM.04.01.01, MM.06.01.01, PC.02.01.03, PC.02.03.01, NPSG.03.06.01  
CMS CoP § 482.11(a), 482.23(c), 482.24(c), 482.25(a)(b), 482.28(b), 482.43(a)(c)(d)  
SB1152

### **III. Policy:**

Discharge prescriptions may be an important component of the continuum of the patient's care. This hospital is committed to assisting the patient/family in obtaining access to appropriate pharmaceutical care during the discharge process.

Nurses may not dispense inpatient medications to patients being discharged home from the hospital. The patient care unit will return all of the patient's in-house medications to the Pharmacy Department.

The Pharmacy Department at CCRMC does not fill prescriptions for patients being discharged home from the facility except in certain specific situations that will be evaluated on a case-by-case basis. Referrals to neighboring pharmacies will be made available to the patient.

### **IV. Procedure:**

The physician with appropriate clinical privileges may order medications to be used by the patient post-discharge. Prescriptions are to be electronically transmitted to retail pharmacy or printed on secure prescription forms and hand-signed by the provider and given to the patient or patient's family to be filed at the retail pharmacy of choice.

Post-graduate, non-licensed physicians in training programs must have all discharge prescriptions cosigned by the supervising physician before being transmitted to the retail pharmacy.

Physicians without a current valid registration number issued by DEA may not place orders for discharge prescriptions for controlled drugs.

Patients being discharged from CCRMC will have their prescriptions filled at the retail pharmacy of their choice, except for:

- All psychiatric patient discharges
- Injectable medications for any financial class
- Any chemotherapy-related prescriptions
- Boarding mothers with inpatient newborns (except contraceptive items)
- Patients being discharged to a skilled nursing facility or locked facility (dispense a 7-day supply)
- Any prescription authorized to fill (see below)

Based on their assessment of the patient's need and financial status, Hospital Administration or Financial Counseling may approve the filling of discharge prescriptions for a particular patient.

As part of the discharge planning process for a homeless patient, the patient will be provided with a prescription, if needed, and dispensed an outpatient prescription medication, an appropriate supply of all necessary medications if available.

For discharge prescriptions sent to the patient care area, Nursing is responsible for patient consult on the medications, however a contact phone number where the patient may reach a Pharmacist will be provided. In the event discharge medications are picked up from the Pharmacy Department by the patient or patient representative, a Pharmacist will do the patient consult.

V. **Forms:**  
(None)

VI. **Responsibility:**  
Director of Pharmacy Services

Reviewed/revised: 10/07, 6/10, 11/11, 2/13, 3/16, 3/19

### **Responsibilities of Hospital Administration and Management**

The Hospital's administrative and management staff support and assist the UMC in obtaining information, improving policies and procedures, maintaining committee records and promoting the most efficient use of available health services and facilities. To encourage timely planning for pre- and post-hospital care, the Administration assures that attending physicians are informed of resources available for out-of-hospital care and assists when requested in arranging for prompt transfer of appropriate clinical information.

### **Coordination with Related Healthcare Quality Improvement Activities**

*The Medical Executive Committee (MEC)* serves as the integrating and coordinating component for the Utilization Management Program for the Medical Staff. The MEC receives results of UMC analyses and recommendations, and reports findings to the Board of Supervisors (via the Professional Affairs Committee).

*The Patient Safety and Performance Improvement Committee (PS&PIC)* serves as the integrating and coordinating component for Utilization Management Program quality issues and reports for non-medical staff. PS&PIC receives UMC analysis and reports and makes its recommendations to hospital and clinic administration.





**The 2023 Utilization Management Program has been reviewed and approved.**

**Anna Roth, Board of Supervisors Representative**

**Date & Signature** \_\_\_\_\_

**Patrick Godley, Chief Financial Officer**

**Date & Signature** \_\_\_\_\_

**Samir Shah, MD, Chief Medical Officer**

**Date & Signature** \_\_\_\_\_

**Michelle Robello, MD, Chair, Utilization Management Committee**

**Date & Signature** \_\_\_\_\_



CONTRA COSTA REGIONAL MEDICAL CENTER  
CONTRA COSTA HEALTH CENTERS  
A Division of Contra Costa Health Services

### Utilization Management Department

**My signature declares that I, as a member of the Utilization Management Committee, will not participate in any decision-making processes involving a patient where my actions may be considered a financial conflict of interest.**

**Physician's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please print your name:** \_\_\_\_\_

Contract / PO	Category	Doc #	Vendor Name	Department	Quality Assurance Language In Contract (Y/N)	Measure in Contract
Contract	Consulting	76629	MEDICAL PHYSICS CONSULTING SERV	DIAGNOSTIC IMA	N	
Contract	Equipment Maintenance	76681	GE PRECISION HEALTHCARE LLC, A GE	DIAGNOSTIC IMA	N	
						Title 17, maintain service on equipment to make sure it is operation. Process = company services, if there is an issue the company comes out and then Med Physics ensure it has been repaired. Also, Med Physics comes out and notices issue, company comes out and repairs then Med Physics comes out and checks that its been done. SCOPE OF SERVICES. As more specifically described below, Contractor will provide preventative maintenance (PM) services to the County for medical imaging equipment located at the Contra Costa Regional Medical Center (CCRMC), Diagnostic Imaging Unit. Contractor shall be solely responsible for the quality, technical accuracy, completeness and coordination of such services. Contractor's services will include, but are not limited to, the following: a. platinum service maintenance, b. detector care coverage, c. x-ray tube coverage, d. exposure & drive battery coverage, e. maintenance inventory and pricing, f. time and material rate sheet, g. additional services
Contract	Equipment Maintenance	76756	AGFA US CORP	DIAGNOSTIC IMA	Y	
Contract	Service	26346	DEPT. OF VETERANS AFFAIRS	DIAGNOSTIC IMA	Y	(1) provide evidence of California State licensure related to area of expertise, disciplinary actions on professional license, background check, and up to date vaccinations for each hired agency person, and (2) respond to written and verbal concerns expressed by CCRMC and Health Centers on performance of agency staff.
						Teleradiology Metrics Report: Total Imaging Volumes; Average Turnaround Times; Critical Findings Information; Exams with Missing Information; Radiologists Competency: As they relate to specific modalities, General Radiology, Computed Tomography (CT), Magnetic Resonance Imaging (MRI) and Ultrasound. Overall rating, privileges status (i.e., continue, limit, revoke); and supervisor signature and date of review.
Contract	Service	26515	VIRTUAL RADIOLOGIC PROFESSIONAL	DIAGNOSTIC IMA	Y	
Contract	Supplies	76779	SAN JOSE MOTHERS' MILK BANK	L&D	N	
Contract	Supplies	76809	MEDLINE INDUSTRIES, LP		N	
Contract	Supplies	26999	PACIFIC BIOMEDICAL, INC.	OR	N	
Contract	Supplies	26232	AGILITI SURGICAL, INC.	OR	N	
Contract	Equipment Maintenance	76618	DRAEGER, INC.	OR	N	
Contract	Service	26874	META DYNAMIC, INC	OR	N	
Contract	Equipment Maintenance	76823	AGILITI SURGICAL EQUIPMENT REPAI	OR	N	
Contract	Supplies	26358	DONOR NETWORK WEST	ICU	N	Donor counts, rates, organ referrals, organ and tissue recovery details
						5. Reporting and Turn Around Time. Results will be emailed to the County in the form of a certificate of analysis and uploaded to the online client portal. Contractor will provide results to County in accordance with the turnaround times set for below: a. Sterility Results: The Contractor will strive to provide sterility test results as soon as possible. However, the incubation process cannot be rushed. Depending on the time of day that sterility test begins incubation, result(s) may not be ready until the evening of the sterility read date. Contractor will release a preliminary report after 72 hours (or 3 business days) of incubation. The final report will be released after 14 or 18 days of incubation, whichever is appropriate for the sample. b. Potency Determination: 3 business days or as per Exhibit B. (Potency List). c. Endotoxin Results: 3 business days or as per Exhibit A. (Laboratory Services Pricing Guide)
Contract	Consulting	76800	ARL BIO PHARMA, INC	Pharmacy	Y	
Contract	Consulting	76654	AABC TESTING & CERTIFICATION, INC	Pharmacy	Y	3. Quality Assurance Requirements. Contractor shall comply with the requirements and procedures set forth in the CCRMC Medical Staff By-Laws, including but not limited to those procedures governing the peer review process.
						5. Quality Assurance Requirements. Contractor shall comply with requirements and procedures established by the County, State, and Federal governments for County's ongoing Quality Assurance Program, including but not limited to the following: (1) submission to County of quality assurance reports, in the time form and manner requested by County; and (2) providing assistance to County regarding completion of CCRMC's annual performance review forms for Contractors, and for temporary workers, as applicable
Contract	Lab Service	76761	BUREAU VERITAS NORTH AMERICA, I	Pharmacy	Y	Contractor will prepare and submit to the Director of Pharmacy Services, or designee, monthly and annual reports including volume of orders, order processing time, consultations and medication variances.
Contract	Service	26492	CARDINAL HEALTH PHARMACY SERVI	Pharmacy	Y	

Contract	Service	76613	CARDINAL HEALTH PHARMACY SERVICE	Pharmacy	Y	Contractor will prepare and submit to the Director of Pharmacy Services, or designee, monthly and annual reports including volume of orders, order processing time, consultations and medication variances.
Contract	Service	26614	SODEXO AMERICA, LLC	Operations	Y	Patient dining stats, I/P & O/P meals, malnutrition stats, assessment stats
Contract	Service	26606	SODEXO AMERICA, LLC	Operations	N	Conduct continues on-site assessments of quality and customer satisfaction with regard to environmental service at CCRMC including, but not limited to, conducting quarterly patient satisfaction surveys and semi-annual staff surveys
Contract	Supplies	26784	CARDIONET, LLC	Cardiology	Y	None - vendor has not cooperated on this; planning to replace soon. Contractor Shall comply with requirements and procedures established by the County, State of California, and Federal governments for County's ongoing Quality Assurance Program, including but not limited to the following: (1) submission to County of quality assurance reports, in the time from and manner requested by County; and (2) providing assistance to County regarding completion of CCRMC's annual performance review forms for Contractors, and for temporary workers as applicable.
Contract	Supplies	76830	IRHYTHM TECHNOLOGIES, INC	Cardiology	Y	Quality Assurance Requirements. Contractor shall comply with requirements and procedures established by the County, State, and Federal governments for County's ongoing Quality Assurance Program, including but not limited to the following: (1) submission of County of quality assurance reports, in the time from and manner requested by County; and (2) providing assistance to County regarding completion of CCRMC's annual performance review forms for Contractors, and for temporary workers as applicable.
Contract	Supplies	26776	ENCORE TEXTILE SERVICES, LLC	EVS	Y	Contractor shall obtain quarterly environmental bacterial cultures on miscellaneous linens. The Weekly Summary Report shall include the total amount and cost of linen used during the week. The Linen Use Analysis shall compare County's linen use patterns on key items with standards for normal use to assist County in locating and eliminating excess costs.
Contract	Equipment Maintenance	76707	COMPLIANT HEALTHCARE TECHNOLOGIES	FACILITIES	N	
Contract	Equipment Maintenance	76649	SYSERCO, INC	FACILITIES	N	
Contract	Equipment Maintenance	76831	PARAGON MECHANICAL INC.	FACILITIES	N	
Contract	Equipment Maintenance	76583	AGILITI HEALTH, INC.	FACILITIES	N	
Contract	Equipment Maintenance	76624	SHARJO, INC	FACILITIES	N	
Contract	Supplies	76832	BAXTER HEALTHCARE CORPORATION	FACILITIES	N	
Contract	Equipment Maintenance	76762	EEC ACQUISITION, LLC	Nutrition	N	
Contract	Supplies	26563	TOTAL RENAL CARE, INC.	Detention	N	The contract does not have QA measures, however, every quarter Detention staff and DaVita have a Patient Quality meeting to discuss patient treatment, safety, and management indicators. Contractor shall prepare and submit to County such periodic performance progress reports as may be requested as required by County's Health Services Department Director or Designee (Detention Facility Director). In addition, no later than sixty (60) days following the termination of this Contract, Contractor shall prepare and submit to County's Department Director, or designee a Contract Performance Report, in the form and manner prescribed by County's Department Director, or designee.
Contract	Supplies	26507	BAART BEHAVIORAL HEALTH SERVICE	Detention	Y	Contractor shall comply with requirements and procedures established by the County, State, and Federal governments for County's ongoing Quality Assurance Program, including but not limited to the following: (1) submission to County of quality assurance reports
Contract	Supplies	76572	KAN-DI-KI, LLC	Detention	Y	Contractor shall comply with requirements and procedures established by the County, State, and Federal governments for County's ongoing Quality Assurance Program, including but not limited to the following: (1) submission to County of quality assurance regarding completion of CCRMC's annual performance review forms for Contractors, and temporary workers, as applicable.
Contract	Service	20470	CONTRA COSTA COUNTY PROBATION	Detention	Y	Determining Phases A-D are on track Actively monitor services provided in the contract  Continuous Quality Improvement (CQI) - analyze, synthesize, and share consumer feedback with the Consumer Feedback Committee and facilitate a continuous quality improvement process with tangible action steps to improve service and systems delivery.
Contract	Supplies	76604	NATIONAL EYE CARE, INC.	Detention	Y	Contractor shall comply with the requirements and procedures set forth in the CCRMC Medical Staff By-Laws, including but not limited to those procedures governing the peer review process.
Contract	Equipment Maintenance	76626	SIEMENS HEALTHCARE DIAGNOSTICS	Pulmonary	N	11) Equipment Maintenance and Service: a) Equipment Maintenance b) Equipment Service

					Quality Assurance Requirements. Contractor shall comply with requirements and procedures established by the County, State, and Federal governments for County's ongoing Quality Assurance Program, including but not limited to the following: (1) provide evidence of California State licensure related to the area of expertise, disciplinary actions on professional license, background check, and up to date vaccinations for each hired agency, person, and (2) respond to written and verbal concerns expressed by CCRMC and Health Centers on performance of agency staff
Contract	Service	26713	PEDIATRIX MEDICAL GROUP OF CALIF L&D	Y	
					Total treatments by modality, Executive summary w/patient ID verified, consent verified, Blood Transfusion Consent verified, Time Out Completed, Post-Report Given to floor Nurse, Adverse event rates, Equipment maintenance notes , Staff credentialing From Contract Contractor's Obligations: During the term of the Contract, Contractor shall provide therapeutic apheresis services for County's patients at Contra Costa Regional Medical Center (CCRMC) as requested by the Health Services Director or his designee, and ordered by a duly credentialed physician. Contractor certifies that it has Food and Drug Administration (FDA) approved equipment and duly licensed and qualified staff to provide services required by this Contract. Contractor Shall provide these services as follows: a. apheresis equipment and staff, b. apheresis services, c. monthly maintenance fee, d. consultation and reports, e. quality assurance requirements, f. medical waste, g. schedule of services, h. medical treatment and advice, i. billing for services
Contract	Service	26362	APHERESIS CARE GROUP INC	Infusion	Y
Contract	Equipment Maintenance	76744	BAXTER HEALTHCARE CORPORATION	BioMed	N
Contract	Equipment Maintenance	76680	GUERBET, LLC	BioMed	N
Contract	Equipment Maintenance	76757	PHILIPS HOLDING USA, INC	BioMed	N
Contract	Equipment Maintenance	76745	DC SERVICES, LLC	BioMed	N
Contract	Equipment Maintenance	76734	AABC TESTING & CERTIFICATION, INC	BioMed	N
Contract	Equipment Maintenance	76678	CARL ZEISS MEDITEC, INC.	BioMed	N
Contract	Equipment Maintenance	76772	PHILIP G KORBAS	BioMed	N
Contract	Equipment Maintenance	76729	LOMBART BROTHERS, INC.	BioMed	N
Contract	Equipment Maintenance	76694	ADVANCED STERILIZATION PRODUCT	BioMed	N
Contract	Equipment Maintenance	76696	GE PRECISION HEALTHCARE LLC	BioMed	N
Contract	Service	26754	CARE REVIEW RESOURCES, INC.	QUALITY	N
Contract	Consulting	76682	REGENTS OF THE UNIVERSITY OF CA,	Lab	N
Contract	Consulting	76556	LABORATORY CORPORATION OF AME	Lab	N
Contract	Consulting	26764	UCSF DERMATOPATHOLOGY SERVICE	Lab	N
Contract	Consulting	76675	UNIVERSITY OF CALIFORNIA, SAN FRA	Lab	N
Contract	Consulting	26749	STANFORD HEALTH CARE	Lab	N
Contract	Consulting	76571	GENOMIC HEALTH INC	Lab	N
Contract	Equipment Maintenance	76645	MICROTECH SOLUTIONS, LLC	Lab	N
Contract	Equipment Maintenance	76733	HOLOGIC, INC.	Lab	N
Contract	Equipment Maintenance	76771	POLYMEDCO, INC.	Lab	N
Contract	Equipment Maintenance	76723	EPPENDORF NORTH AMERICA, INC.	Lab	N
Contract	Equipment Maintenance	76752	ROCHE DIAGNOSTICS CORPORATION	Lab	N
Contract	Equipment Maintenance	76810	BECKMAN DICKINSON AND COMPANY	Lab	N
Contract	Equipment Maintenance	76721	BECKMAN COULTER, INC.	Lab	N
Contract	Equipment Maintenance	76759	CEPHEID	Lab	N
Contract	Lab Service	26361	JOHN MUIR HEALTH	Lab	N
Contract	Lab Service	76708	LIFE TECHNOLOGIES CORPORATION	Lab	N
Contract	Lab Service	76558	NEOGENOMICS LABORATORIES INC.	Lab	N
Contract	Lab Service	26258	BENNET OMALU PATHOLOGY, INC.	Lab	N
					Contractor and County patient identifiers, lab specimen collection date, specimen receipt date by Contractor, lab results report date, test type, TAT Level, test rejection description when applicable, and County referring Provider, if available; and (2) Contractor shall assist County regarding completion of CCRMC's annual performance review forms for Contractors, and for temporary workers, as applicable.
Contract	Lab Service	26200	MACHAON DIAGNOSTICS, INC.	Lab	Y
Contract	Lab Service	76564	PROMETHEUS LABORATORIES INC.	Lab	N
Contract	Lab Service	76803	HISTO-TEC LABORATORY INC.,	Lab	N
					Comprehensive monthly turnaround time (TAT) reports, Qtrly measure and targets: oTAT Top 500 Tests ≥ 90% ≤100,000 DPMO, External Proficiency Testing (CAP) ≥ 99.3% ≤ 7,000 DPMO, Revised Reports ≤ 0.015% ≤150 DPMO, Post Specimens ≤ 0.002% ≤ 20 DPMO, Capture Rate ≥ 95% ≤50,000 DPMO, Average Speed of Answer ≤ 30 seconds
Contract	Lab Service	26583	SPECIALTY LABORATORIES, INC.	Lab	N
Contract	Lab Service	76637	AL-TAR SERVICES, INC.	Lab	N

Contract	Service	76651	CHILDREN'S HOSPITAL & RESEARCH C	Lab	N	
Contract	Service	76577	HOBBS INVESTMENTS, INC	Lab	N	
Contract	Supplies	76770	BECTON DICKINSON AND COMPANY	Lab	N	
Contract	Supplies	76753	DIASORIN INC.	Lab	N	
Contract	Supplies	26338	AMERICAN RED CROSS	Lab	Y	Timing on infection notifications, ARC license certs, QA plan
						Monthly quality assurance report: Contractor and County patient identifiers, laboratory specimen collection date, specimen receipt date by Contractor, laboratory results report date, test type, Trans-Activator of Transcription (TAT) level, test rejection description, when applicable, and County referring provider, if available.
Contract	Supplies	26791	MONOGRAM BIOSCIENCES, INC.	Lab	Y	
Contract	Lab Service	26658	SANTA CLARA VALLEY MEDICAL CENT	Lab	N	Procedures, Quantity, Avg TAT, # of confirmations, count of tests/mo.
Contract	Consulting	76802	MARGARET E. SCHILLING		N	
Contract	Service	26410	LA CLINICA DE LA RAZA, INC.		N	
Contract	Service	23554	BRIGHTER BEGINNINGS		N	
Contract	Consulting	26758	REGENTS OF THE UNIVERSITY OF CA ON BEHALF OF UC		N	
Contract	Consulting	76553	THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN		N	
Contract	Consulting	26790	THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN		N	
Contract	Consulting	26798	INFECTIOUS DISEASE DOCTORS MEDICAL GROUP, APC		N	
Contract	Consulting	76658	ECG MANAGEMENT CONSULTANTS, LLC		N	
Contract	Service	76732	BRIGHTER BEGINNINGS		N	
Contract	Supplies	76776	DCI DONOR SERVICES, INC.		N	CONTRACT NOT COMPLETE
Contract	Service	76603	CABAN RESOURCES, LLC	QUALITY	N	Sent to Sihina - have not submitted to C&G site yet
						auditors, we partner with our staff to maintain an accuracy rate of 95% or above. The following explains how AQuity Solutions works to assure the highest quality possible. Pre-Bill Auditing/Monitoring Each new team member on an account will have 100% of their first group of coded charts reviewed; see below for the audit sample breakdown by patient type. Any trends or educational issues will be addressed appropriately using available educational tools and resources. Pre-bill Audit Sample: · Outpatient Surgery/Observation/ED/Urgent Care/Ancillary/ProFee/all other Outpatient: Pre-bill audit will include
Contract	Service	26779	AQUITY SOLUTIONS, LLC	QUALITY	Y	1. Contractor's Obligations. Contractor will provide proactive maintenance (PM) services on one (1) Hobart unit located at Contra Costa Regional Medical Center (CCRMC). Contractor shall be solely responsible for the quality, technical accuracy, completeness, and coordination of such services. Contractor's services will include, but are not limited to, the following: a. Provide two (2) scheduled PM visits to identify potential service problems and replace essential parts at no additional charge; b. Provide labor, travel, as it relates to the service of any of the following parts: (i) plastic flight links, curtains, blades, slicer knives, sharpening devices, pulley wipes, shredder plates, fryer baskets, customer removable seals, door gaskets; and (ii) consumable components or ordinary wear items including, but not limited to, rinse arm strainers, final rinse nozzles, filters (including water filters), wash arm end caps, lower arm bushing, rollers, retaining rings, wash arm plugs, dish-limit rubber bumper, lamps, and dish racks; c. Provide scheduled PM visits during the hours of 8:00 AM to 5:00 PM, Monday through Friday, local time; and d. Provide technical phone support at 1-888-446-2278 during the hours of 8:00 AM to 5:00 PM, local time, Monday through Friday, except Contractor observed holidays (Memorial Day, 4th of July, Labor Day, Thanksgiving Day and Christmas Day).
Contract	Equipment Maintenance	76710	ITW FOOD EQUIPMENT GROUP LLC	Nutrition	Y	
Contract	Consulting	76763	GARRATT-CALLAHAN COMPANY	FACILITIES	N	
Contract	Supplies	26437	STERICYCLE, INC.	FACILITIES	N	
Contract	Supplies	76736	MESA LABORATORIES, INC.	FACILITIES	N	
Contract	Supplies	26692	APPLIED REMEDIAL SERVICES, INC.	FACILITIES	N	
Contract	Service	76647	STAR RCFE, INC. DBA FRIENDSHIP CARE HOME		N	
PO	Equipment Maintenance	026679	GE PRECISION HEALTHCARE LLC	DIAGNOSTIC IMA	N	
PO	Supplies	024524	GE HFS, LLC	DIAGNOSTIC IMA	N	
PO	Supplies	015414	GE PRECISION HEALTHCARE LLC	DIAGNOSTIC IMA	N	
PO	Supplies	026579	GE PRECISION HEALTHCARE LLC	DIAGNOSTIC IMA	N	
PO	Supplies	027659	MERRY X-RAY CORPORATION	DIAGNOSTIC IMA	N	
PO	Supplies	027755	CDPH GENETIC DISEASE SCREEN PROC	L&D	N	
PO	Supplies	027907	COOPER SURGICAL	L&D	N	

PO	Supplies	026460	BENCO DENTAL SUPPLY COMPANY	Dental	N
PO	Supplies	026868	SUNSTAR AMERICAS, INC.	Dental	N
PO	Service	022217	CAREFUSION 211, INC.	OR	N
PO	Supplies	027964	AbbVie US LLC	OR	N
PO	Supplies	027267	APPLIED MEDICAL	OR	N
PO	Supplies	025141	ARTHREX, INC.	OR	N
PO	Supplies	023755	C.R. BARD, INC.	OR	N
PO	Supplies	024577	CONMED CORPORATION	OR	N
PO	Supplies	026880	HOWARD ORTHOPEDICS, INC.	OR	N
PO	Supplies	025363	MEDGYN PRODUCTS, INC.	OR	N
PO	Supplies	026970	MENTOR WORLDWIDE, LLC.	OR	N
PO	Supplies	026685	STRYKER SALES CORPORATION	OR	N
PO	Supplies	026761	LHASA OMS, INC.	Integrated Health	N
PO	Supplies	027274	SPEEDY INDUSTRIES	EVS	N
PO	Service	018644	MEDICAL DYNAMICS, INC.	Rehab	N
PO	Supplies	025840	FUJIFILM SONOSITE, INC.	Rehab	N
PO	Supplies	026232	J.M. KECKLER MEDICAL CO.	Rehab	N
PO	Supplies	026120	S&S WORLDWIDE, INC.	Rehab	N
PO	Supplies	026235	SAMS CLUB	Rehab	N
PO	Supplies	023892	FOLLETT PRODUCTS, LLC	FACILITIES	N
PO	Equipment Maintenance	027503	ACCUVEIN, INC.	BioMed	N
PO	Equipment Maintenance	027672	Carefusion Solutions, LLC	BioMed	N
PO	Equipment Maintenance	024416	MultiMedical Systems, LLC.	BioMed	N
PO	Supplies	022411	3M Company	BioMed	N
PO	Supplies	026575	DRAEGER, INC.	BioMed	N
PO	Supplies	023731	ECOLAB INC.	BioMed	N
PO	Supplies	025784	EPPENDORF NORTH AMERICA, INC.	BioMed	N
PO	Supplies	026686	SMITHS MEDICAL	BioMed	N
PO	Supplies	025302	Stryker Sales, LLC	BioMed	N
PO	Supplies	027390	STAXI CORPORATION	Volunteers	N
PO	Equipment Maintenance	026980	MICROTECH SOLUTIONS LLC	Lab	N
PO	Equipment Maintenance	027430	NOVAMED, INC.	Lab	N
PO	Equipment Maintenance	026150	ORTHO CLINICAL DIAGNOSTICS, INC.	Lab	N
PO	Service	026779	ALCOR SCIENTIFIC, INC.	Lab	N
PO	Service	020015	ROCHESTER MIDLAND CORP.	Lab	N
PO	Service	023424	WERFEN USA, LLC	Lab	N
PO	Service	023968	CARDINAL HEALTH	Lab	N
PO	Supplies	027266	BECKMAN COULTER	Lab	N
PO	Supplies	024783	BECTON DICKINSON & COMPANY	Lab	N
PO	Supplies	021848	BECTON DICKINSON & COMPANY	Lab	N
PO	Supplies	023666	FISHER SCIENTIFIC COMPANY LLC	Lab	N
PO	Supplies	026139	GENOMIC HEALTH, INC.	Lab	N
PO	Supplies	021559	IMMUCOR, INC.	Lab	N
PO	Supplies	026463	POLYMEDCO, INC.	Lab	N
PO	Equipment Maintenance	025914	Cozzini Bros, Inc.	Nutrition	N
PO	Supplies	024129	ALADDIN TEMP-RITE, LLC.	Nutrition	N
PO	Supplies	024144	SAFEWAY, INC. - NORCAL DIVISION	Nutrition	N
PO	Equipment Maintenance	026458	B&L Engineering	FACILITIES	N
PO	Equipment Maintenance	018997	AAA FIRE PROTECTION SERVICES	FACILITIES	N
PO	Equipment Maintenance	021874	AABC TESTING & CERTIFICATION	FACILITIES	N
PO	Equipment Maintenance	028405	HILL ROM COMPANY, INC.	FACILITIES	N
PO	Service	027482	Herc Rentals Inc	FACILITIES	N
PO	Supplies	026455	AGILITI HEALTH, INC	FACILITIES	N
PO	Supplies	027053	BAXTER HEALTHCARE	FACILITIES	N
PO	Supplies	027085	Proline Window Coverings LLC	FACILITIES	N
PO	Supplies	027088	Ron Andrews Medical Co Inc.	FACILITIES	N
PO	Supplies	027934	RR Donnelley	FACILITIES	N
PO	Supplies	024371	STOPware, Inc.	FACILITIES	N

Count of Doc #	Column Labels		
Row Labels	N	Y	Grand Total
<b>Contract</b>	<b>76</b>	<b>21</b>	<b>97</b>
Consulting	14	2	16
Equipment Maintenance	28	2	30
Lab Service	9	2	11
Service	10	9	19
Supplies	15	6	21
<b>PO</b>	<b>65</b>		<b>65</b>
Equipment Maintenance	12		12
Service	7		7
Supplies	46		46
<b>Grand Total</b>	<b>141</b>	<b>21</b>	<b>162</b>



AGENDA ITEM	RECOMMENDATION
<p><b>IV. ADMINISTRATIVE UPDATE</b>            Samir B. Shah, M.D., Chief Executive Officer/Chief Medical Officer;            Sergio Urcuyo, M.D., Medical Director Hospital Operations; Jaspreet Benepal RN, Chief Nursing Officer; Pat Godley Health Services Chief Financial Officer</p> <p>A. General updates            B. Facilities seismic requirements            C. HR time to fill positions            D. Hospital flow report            E. Finance update</p>	Inform
<p><b>V. MEDICAL STAFF UPDATE</b>            Sarah McNeil, M.D. Medical Staff President</p> <p>A. Consent: Patient Care Policies for CCRMC/HCs            B. Medical Staff Update</p>	Approval
<p><b>VI. QUALITY AND SAFETY UPDATES</b>            Lisa Schilling, RN, Chief Quality Officer; Courtney Beach, M.D., Associate Medical Director of Quality and Safety</p> <p>A. Consent: Patient safety and risk management plan            B. Consent: Utilization management report and plan            C. Consent: Non-MD contract quality report            D. Care experience            E. QAPI 2023 priority project results</p>	Approval  Inform
<p><b>VIII. ADJOURN</b></p>	Inform
<p><b>IX. NEXT MEETING:</b> TBD 2024</p>	

*Joint Conference Committee observes Ralph M. Brown Act open meeting law procedures. Reasonable accommodations will be provided for persons with disabilities planning to attend. Contact the staff person listed below at least 72 hours before the meeting. Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the County to a majority of members of the Joint Conference Committee prior to that meeting are available for public inspection at 2500 Alhambra Avenue during normal business hours. Public comment may also be submitted via electronic mail at least one full workday prior to the published meeting time. For information contact Lisa Schilling [Lisa.Schilling@cchealth.org](mailto:Lisa.Schilling@cchealth.org) 925-839-3348.*

## ZOOM WEBINAR-Instructions

**Please click the link below to join the webinar:**

You are invited to a Zoom webinar.

When: Nov 13, 2023 01:00 PM Pacific Time (US and Canada)

Topic: JCC

Please click the link below to join the webinar:

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+16465189805,,95623291954# US (New York)

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Dial(for higher quality, dial a number based on your current location):

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