



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

Date: December 7, 2020
 Subject: Meeting Notice
Joint Conference Committee

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

December 7, 2020 from 1:00 – 2:00 pm

Tab #	AGENDA ITEM	RECOMMENDATION
	I. CALL TO ORDER and INTRODUCTIONS Meeting Chair- Supervisor John Gioia, District I	Inform
	II. APPROVAL OF MINUTES – October 5, 2020 Supervisor Gioia	Inform/ Action
	III. PUBLIC COMMENT Supervisor Gioia <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to two minutes or less. Under State law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration.</i>	Inform
	IV. GOVERNANCE Kristin Moeller, M.D., Medical Staff President A. Governing Authority bylaws review – no revisions proposed – see attached B. Announce Medical Staff Representatives to the Joint Conference Committee for 2021-Dr. Courtney Beach, Dr. Andrea Sandler	Inform

Tab #	AGENDA ITEM	RECOMMENDATION
	<p>V. ADMINISTRATIVE UPDATE Samir B. Shah, MD, Chief Executive Officer/Chief Medical Officer</p> <p>A. Covid Fallout-Gabriela Sullivan, M.D. B. Covid Surge Plan Update-Sergio Urcuyo, M.D. C. Contra Costa Family Medicine Residency Update-Brian Johnson, M.D. D. Consent Agenda: Quality Assurance Non-MD Contract</p>	<p>Inform</p> <p>Inform/Action</p>
	<p>VI. MEDICAL STAFF UPDATE Kristin Moeller, M.D., Medical Staff President</p> <p>A. No report this month</p>	<p>Inform</p>
	<p>VII. SAFETY AND QUALITY UPDATES Sonia Sutherland MD, Medical Director of Quality and Safety</p> <p>A. PSPIC Year in Review-Sonia Sutherland, M.D.</p>	<p>Inform/ Action</p>
	<p>VIII. ADJOURN to Professional Affairs Committee Any public comment for the Professional Affairs Committee (PAC) will be taken prior to adjournment to accommodate the electronic nature of these meetings and non-public nature of PAC. PAC will be held under separate Zoom meeting. PAC attendees, please disconnect and use the PAC invite Zoom information for that meeting.</p>	<p>Inform</p>
	<p>IX. NEXT MEETING: TBD</p>	

Joint Conference Committee observes Ralph M. Brown Act open meeting law procedures. Reasonable accommodations will be provided for persons with disabilities planning to attend. Contact the staff person listed below at least 72 hours before the meeting. Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the County to a majority of members of the Joint Conference Committee prior to that meeting are available for public inspection at 2500 Alhambra Avenue during normal business hours. Public comment may also be submitted via electronic mail at least one full work day prior to the published meeting time. For information contact Sue Pfister – sue.pfister@cchealth.org 925-313-1137

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JOINT CONFERENCE COMMITTEE MINUTES

October 5, 2020, from 1:00 – 2:00 pm

Contra Costa Regional Medical Center, 2500 Alhambra Ave, Martinez
Via Zoom

ATTENDANCE OF VOTING AND NON-VOTING MEMBERS

VOTING MEMBERS PRESENT: Supervisor John Gioia, District I; Supervisor Karen Mitchoff, District IV; Courtney Beach, Chair, Hospital Medicine; Andrea Sandler MD, Chair, Department of Family Medicine. VOTING MEMBERS ABSENT: None. NON-VOTING MEMBERS PRESENT: Pat Godley, Health Services COO CFO; Samir Shah MD, Chief Executive Officer and Chief Medical Officer; Kristin Moeller MD, Medical Staff President. NON-VOTING MEMBERS ABSENT: Anna Roth, R.N., Health Services Director, Jeanette Black, R.N., Chief Nursing Officer. Guests: Jessica Hamilton, M.D., Medical Director for Detention Health Services, Chris Farnitano, M.D. Contra Costa Health Officer, Randy Sawyer, Chief Environmental Health and Hazardous Materials Officer, Karin Stryker, M.B.A., Director, Safety and Performance Improvement, Sonia Sutherland, M.D., Medical Director of Quality and Safety, Jaspreet Benepal, R.N., Chief Nursing Officer, Helena Martey, R.N, Director of Ambulatory Care Nursing, William Walker, M.D. Health Officer, Gabriela Sullivan, M.D., Specialty Medical Director, Sergio Urcuyo, M.D., Hospital Medical Director, Shannon Turner, FNP, Brian Kuennenmeier, Psy,D., Wright Institute, Julie Enea,, Mark Morewitz, Thomas Casey

AGENDA ITEM	RECOMMENDATION
<p>I. CALL TO ORDER and INTRODUCTIONS Meeting Chair- Supervisor John Gioia, District I</p>	<p><i>Information only.</i></p>
<p>II. APPROVAL OF MINUTES Supervisor Gioia</p> <p><i>In open session, voting members of Contra Costa Regional Medical Center Joint Conference Committee voted to accept the August 3, 2020, Joint Conference Committee minutes.</i></p>	<p><u>Motion:</u> <i>By Sandler to approve</i> <i>Seconded by Mitchoff</i></p> <p><u>Ayes:</u> <i>Gioia, Mitchoff, Beach, Sandler</i></p> <p><u>Absent:</u> <i>None</i></p> <p><u>Abstain:</u> <i>None</i></p>
<p>III. PUBLIC COMMENT Supervisor Gioia</p> <p><i>No public comment at this time.</i></p>	<p><i>No Public Comment</i></p>

AGENDA ITEM	RECOMMENDATION
<p>IV. THE WRIGHT INSTITUTE Supervisor Gioia</p> <ul style="list-style-type: none"> • <i>Grievance filed by employee to end this contract 2 years ago which resulted in an extension of this contract through August 2021.</i> • <i>Supervisor Gioia had several meetings earlier this year with the teamsters, The Wright Institute, Behavioral Health, and parties involved before Covid to work on continuing these services. Meetings were then suspended with the agreement that the contract would be extended through August 2021.</i> • <i>Supervisor Mitchoff requested a closed session to discuss this contract.</i> 	<p><i>Information only</i></p>
<p>V. GOVERNANCE Kristin Moeller, M.D., Medical Staff President</p> <p>A. Review Governing (JCC) Bylaws; any proposed changes for 2021 due by December meeting, December 7, 2020</p> <p>B. Announce Nominations for Medical Staff Representatives for 2021 open in October/Vote at December MEC meeting. Drs. Sandler and Beach have expressed interest in continuing in their roles as representatives.</p>	<p><i>Information only.</i></p>
<p>VI. ADMINISTRATIVE UPDATE Samir Shah MD, Chief Executive Officer and Chief Medical Officer</p> <p>A. Presentation COVID update: Hospital (Dr. Urcuyo), Ambulatory (Dr. Sullivan), Detention (Dr. Hamilton) Department of Hospital Medicine-Dr. Sergio Urcuyo</p> <ul style="list-style-type: none"> • <i>Current surge level green-preparing for surge-alternative care sites in position</i> • <i>Air management-negative pressure rooms</i> • <i>Plenty of supplies for Covid use</i> • <i>Increasing testing capacity at CCRMC and Public Health Lab (32,000 tests with 2,000 positive)</i> • <i>Behavioral health more difficult to be appropriate in care-4D opening</i> <p>Ambulatory-Dr. Sullivan</p> <ul style="list-style-type: none"> • <i>No transmission of patients to staff</i> • <i>Tents set up in 3 major clinics-Weather becoming a factor-resulting in short notice respiratory clinics with separate ingress/egress in clinics</i> • <i>We are going to be opening 4D for psychiatric patients to reduce congregation on PES due to high number of patients in PES</i> <p>Detention-Dr. Hamilton</p> <ul style="list-style-type: none"> • <i>Test all inmates upon arrival-isolate patients as needed</i> • <i>3657 tested, 34 positive-no evidence of patient to staff or patient inmate to inmate transmission</i> • <i>Opened Marsh Creek facility for additional space for social distancing</i> • <i>On site testing for staff every two weeks</i> 	<p><i>Information only.</i></p>

AGENDA ITEM	RECOMMENDATION
<p>VII. PUBLIC COMMENT-SUPERVISOR GIOIA Supervisor Gioia recognized two public guests, Thomas Casey and Brian Kuennenmeier, PsyD-Wright Institute Thomas Casey and Brian Kunnenmeier spoke to the value of the Wright Institute program</p> <ul style="list-style-type: none"> • <i>Wright staff is embedded in ambulatory care clinics for warm handoffs, something CCRMC does not currently have</i> • <i>Staff overwhelmingly supports Wright</i> • <i>ACA may disappear or be reduced which leaves some patients vulnerable</i> • <i>Services include neuropsychology, gender health services, many groups</i> 	<p><i>Information only.</i></p>
<p>VIII. MEDICAL STAFF UPDATES Kristin Moeller, M.D., Medical Staff President</p> <p>A. Presentation: COVID and Behavioral Health Services for our patients in ambulatory care [Drs. Sandler/Moeller]</p> <ul style="list-style-type: none"> • <i>Increase in MH symptoms during pandemic</i> • <i>Wright Institute providing 64% of services in 5 of our 8 health clinics</i> 	<p><i>Information only.</i></p>
<p>A. Presentation: MEC ad hoc Diversity Equity Inclusion and Anti-Racism committee: Medical staff survey [Dr. Beach]</p> <ul style="list-style-type: none"> • <i>Survey included: Demographics, discrimination and microaggressions in the workplace, discriminatory remarks made, job promotion-177 responses to 443 surveys sent to providers</i> • <i>78 responses to experiencing discrimination at work</i> • <i>Examples of explicit racism (36%)</i> • <i>Examples of gender bias (23%)</i> • <i>Examples of microaggressions (13%)</i> • <i>Assumptions regarding title based on gender or race (11%), ageism (10%), culturally insensitive remarks (10%)</i> • <i>93 unique responses to what we need to address:</i> • <i>Need to diversify our workforce (45%)</i> • <i>More antiracism/bias/DEI trainings (20%)</i> • <i>More BIPOC and women in leadership (12%)</i> • <i>Institutional support, i.e. paid time/positions (9%)</i> • <i>More discussion/dialogue/forums (5%)</i> 	<p><i>Information only.</i></p>
<p>IX. SAFETY AND QUALITY UPDATES Sonia Sutherland, M.D., Medical Director of Quality and Safety</p> <p>A. Presentation: Highlights of PSPIC</p> <ul style="list-style-type: none"> • <i>Leapfrog safety grade B</i> • <i>SERS presentation</i> 	<p><i>Information only.</i></p>



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

A Division of Contra Costa Health Services

GOVERNING AUTHORITY BYLAWS

Contra Costa Regional Medical Center and Health Centers

Effective January ~~2020~~2021

DRAFT

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BYLAWS OF
CONTRA COSTA REGIONAL MEDICAL CENTER
AND HEALTH CENTERS

ARTICLE I

GENERAL

- Section 1. Name. The name of the hospital is Contra Costa Regional Medical Center and Health Centers.
- Section 2. Principal Business Office. The principal business office is in the City of Martinez, County of Contra Costa, State of California.

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DEFINITIONS

The following definitions apply to the provisions of the Bylaws:

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

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MISSION

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

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ARTICLE II
GOVERNING AUTHORITY

Section 1.

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

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

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

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

ARTICLE III

JOINT CONFERENCE COMMITTEE

Section 1.

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

a. Institutional Management and Planning.

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

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

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

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

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

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

Section 2.

Number and Qualifications

- a. The number of members of the Joint Conference Committee shall not exceed nine (9).
 1. Two (2) members shall be appointed from the Board membership. These appointments shall be made by the Board. They shall have **full voting** privileges.
 2. Two (2) members shall be appointed by the Medical Executive Committee from the Medical Executive Committee membership. They shall have **full voting** privileges.
 3. One (1) member shall be the CCRMC President of the Medical Staff. This member shall have ex-officio status **without voting** privileges, except in the event of a split vote. If there is a split vote of the voting members, the CCRMC President of the Medical Staff shall cast the deciding vote.
 4. One (1) member shall be the Director of Health Services of Contra Costa County. This member shall have ex-officio status **without voting** privileges.
 5. One (1) member shall be the CCRMC Administrator. This member shall have ex-officio status **without voting** privileges.
 6. One (1) member shall be the Health Services Chief Financial Officer. This member shall have ex-officio status **without voting** privileges.
 7. One (1) member shall be the CCRMC Chief Medical Officer. This member shall have ex-officio status **without voting** privileges.
- b. Term. Prior to the first meeting of each year, the Board and the Medical Executive Committee shall appoint or reappoint members for a calendar-year term to replace those Joint Conference Committee members whose terms have expired and to fill vacancies. Newly appointed Joint Conference Committee members shall assume responsibility at the next meeting after appointment. A member who is appointed during the calendar year to fill a vacancy shall serve out the remainder

of the calendar-year term. Members of the Joint Conference Committee shall invite to meetings representatives from the Medical Staff and Administration, as appropriate.

c. **Quorum.** In order to hold a meeting a Quorum must be physically present. A Quorum shall consist of at least three (3) of the four (4) voting members.

d. **Alternates.**

- 1) When a Medical Staff voting member is unable to attend a meeting or has a conflict of interest that would prevent the member from participating at the meeting, the Medical Staff President, or Designee, may request the Chief Medical Officer to act as an alternate Medical Staff voting member. If the Chief Medical Officer is unable to serve as an alternate Medical Staff voting member, the Medical Staff President may appoint an alternate from the Medical Staff.
- 2) When a Board member with voting privileges is unable to attend a meeting or has a conflict of interest that would prevent the member from participating in the meeting, the Board member may request that the alternate Board member for the Joint Conference Committee, as appointed by the Board, serve in his/her place.
- 3) The designation of an Alternate voting member shall be made in writing and shall provide such written designation to the Committee Secretary as soon as feasible.

Section 3.

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

Section 4. **Meetings.**

- a. **Public Meetings.** Meetings of the Joint Conference Committee shall be open to the public and shall be held at least four times per year.
- b. **Special Meetings.** Special meetings of the Joint Conference Committee may be called by a majority of the voting members or by the Presiding Chair. The purpose of any special meetings shall be stated in the notice and agenda thereof which shall be provided to each member of the Joint Conference Committee and to other persons who have requested notice of special meetings, and posted in accordance with the Brown Act and the Contra Costa County Better Government Ordinance.
- c. **Notice.** Notice of all meetings shall be given in accordance with the Brown Act and the Contra Costa County Better Government Ordinance.
- d. **Attendance by Teleconference.** A teleconference line will be made available for committee members to participate remotely only when teleconference conditions are met in accordance with Brown Act and Contra Costa County Better Government Ordinance Public Meeting requirements.

Section 5.

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

ARTICLE IV

OFFICERS AND COMMITTEES

Section 1.

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

a. Chair.

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

b. Secretary.

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

Section 2.

Sub-committees. The creation of Joint Conference Committee sub-committees is discretionary. Each sub-committee shall have and exercise the duties conferred by the resolution by which the sub-

committee was created. Minutes shall be kept of proceedings, and recommendations reported to the Joint Conference Committee. Sub-committees shall comply with these Bylaws and all applicable state and local laws regarding meetings, notices, agendas, quorum, and conflicts of interest.

ARTICLE V

PROFESSIONAL AFFAIRS COMMITTEE

Section 1.

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

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

Section 2.

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

Section 3.

Meetings.

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

ARTICLE VI

BYLAWS AND AMENDMENTS

Section 1.

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

These Bylaws have been reviewed and approved:

CONTRA COSTA REGIONAL MEDICAL CENTER

Health Services Director

Date

COUNTY OF CONTRA COSTA

Chair of the Joint Conference Committee

Date

~~Revised December 2019~~ Reviewed December 2020, no revisions

Approved by Contra Costa Regional Medical Center Joint Conference Committee ~~December 9, 2019~~ December 7, 2020 – approval pending

Approved by Contra Costa County Board of Supervisors ~~January 21, 2020~~ pending

Fallout From Covid-19

*Preventative and Chronic Care
Measures in Contra Costa County*



Contra Costa
Regional Medical Center
& Health Centers

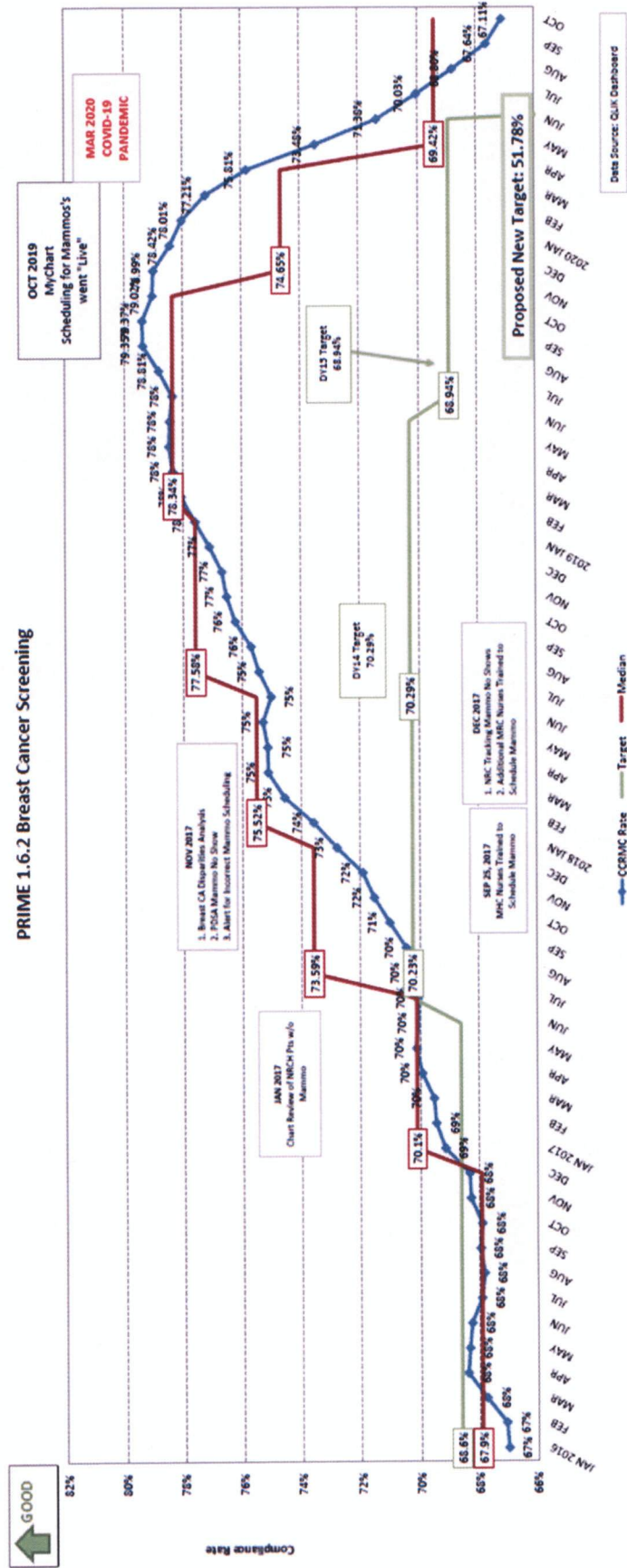
A Division of Contra Costa Health Services

Adult Measures

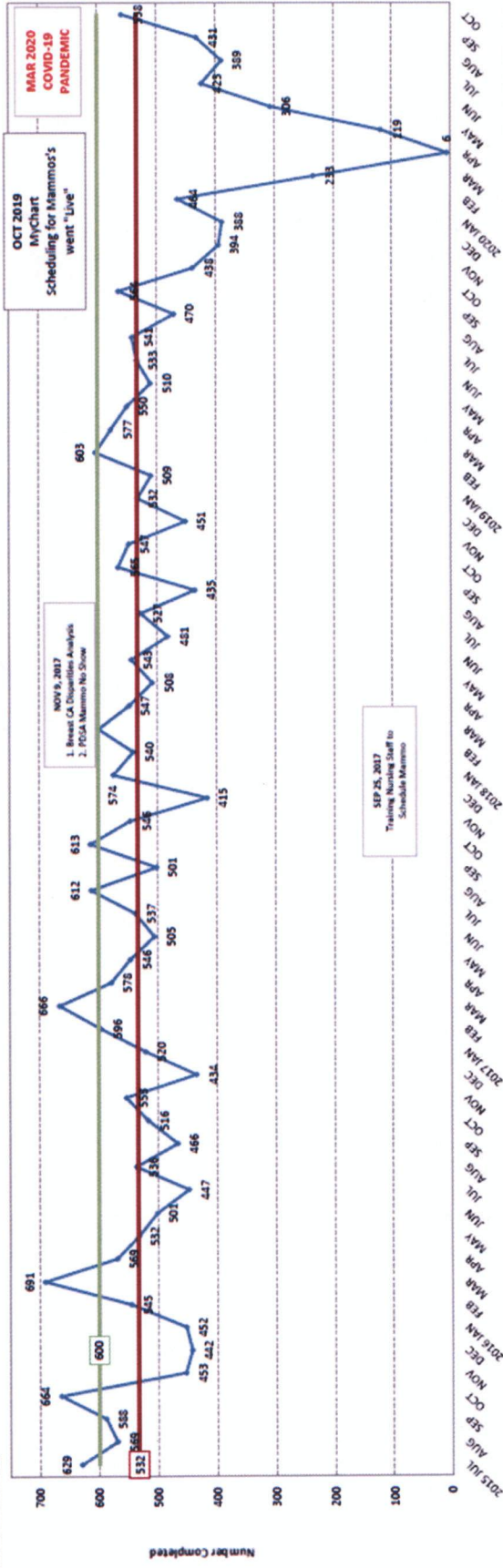
- Cancer screening:
<https://www.nbcnews.com/health/health-news/10-000-more-cancer-deaths-predicted-because-covid-19-pandemic-n1231551>
- Opioid overdoses:
<https://www.nbcnews.com/health/health-news/overdose-deaths-appear-rise-amid-coronavirus-pandemic-u-s-n1244024>

Cancer Screening

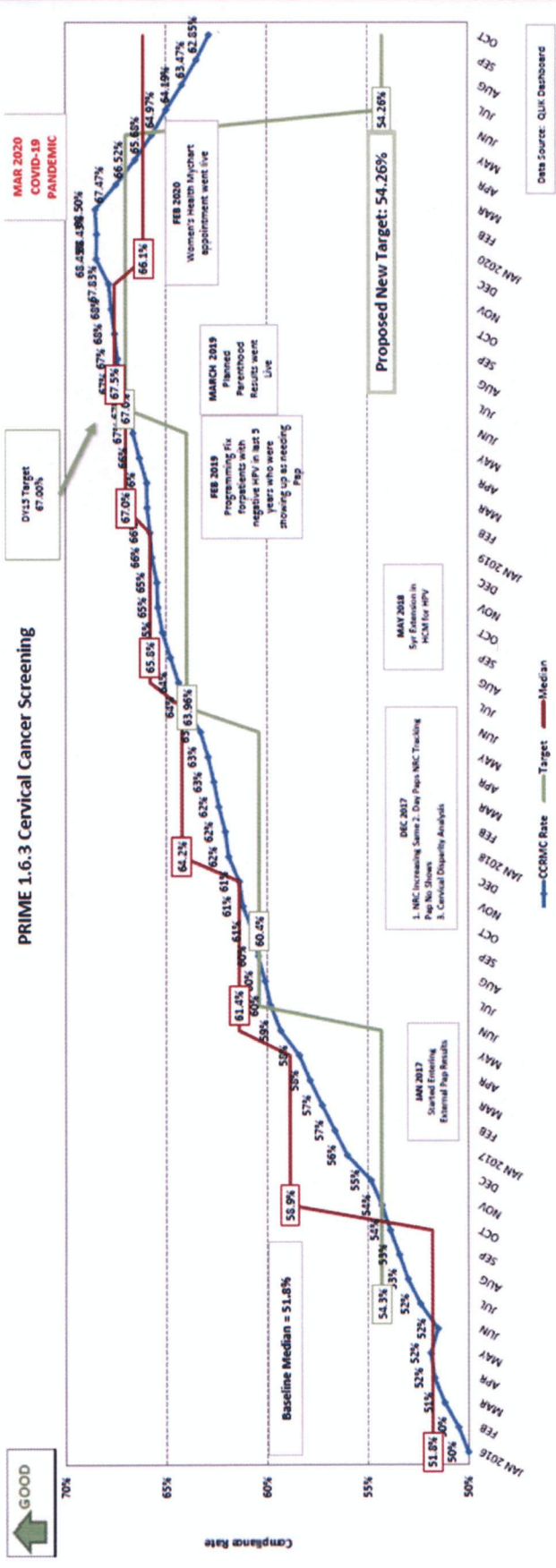
PRIME 1.6.2 Breast Cancer Screening



PRIME 1.6.2 SUPPORT:
CCRMC Completed Mammograms

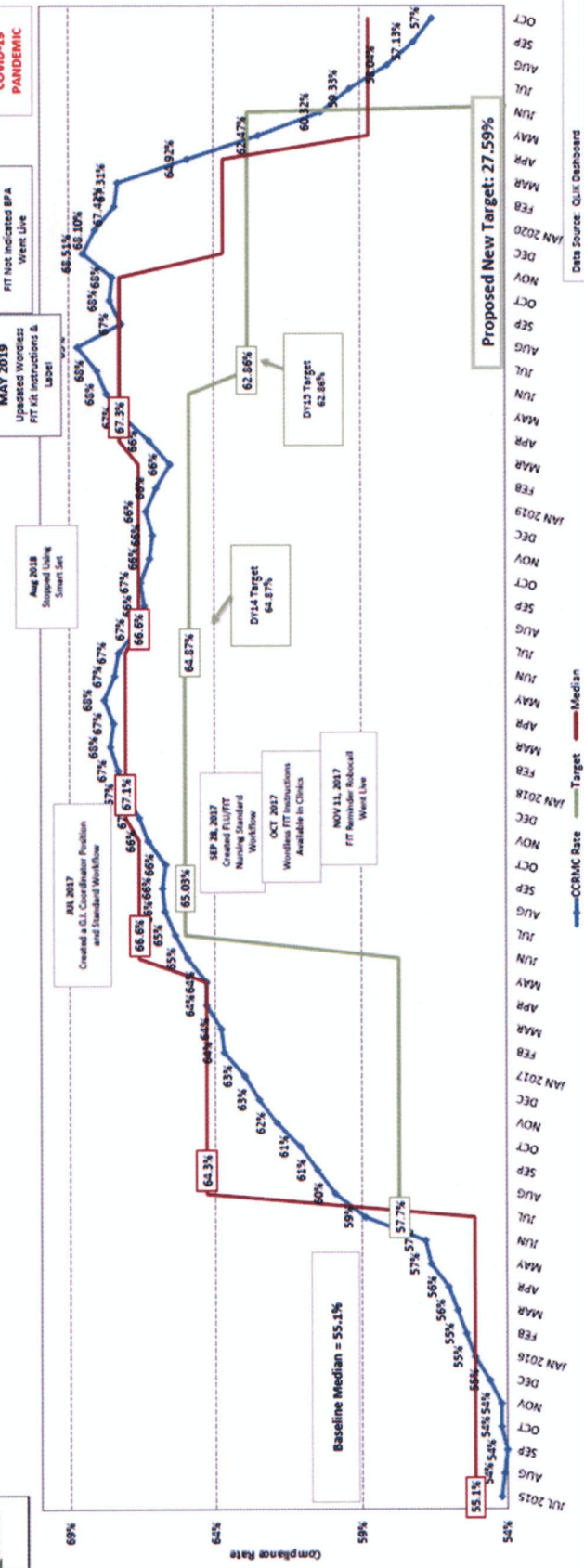


Data Source: isite Report CAD0314



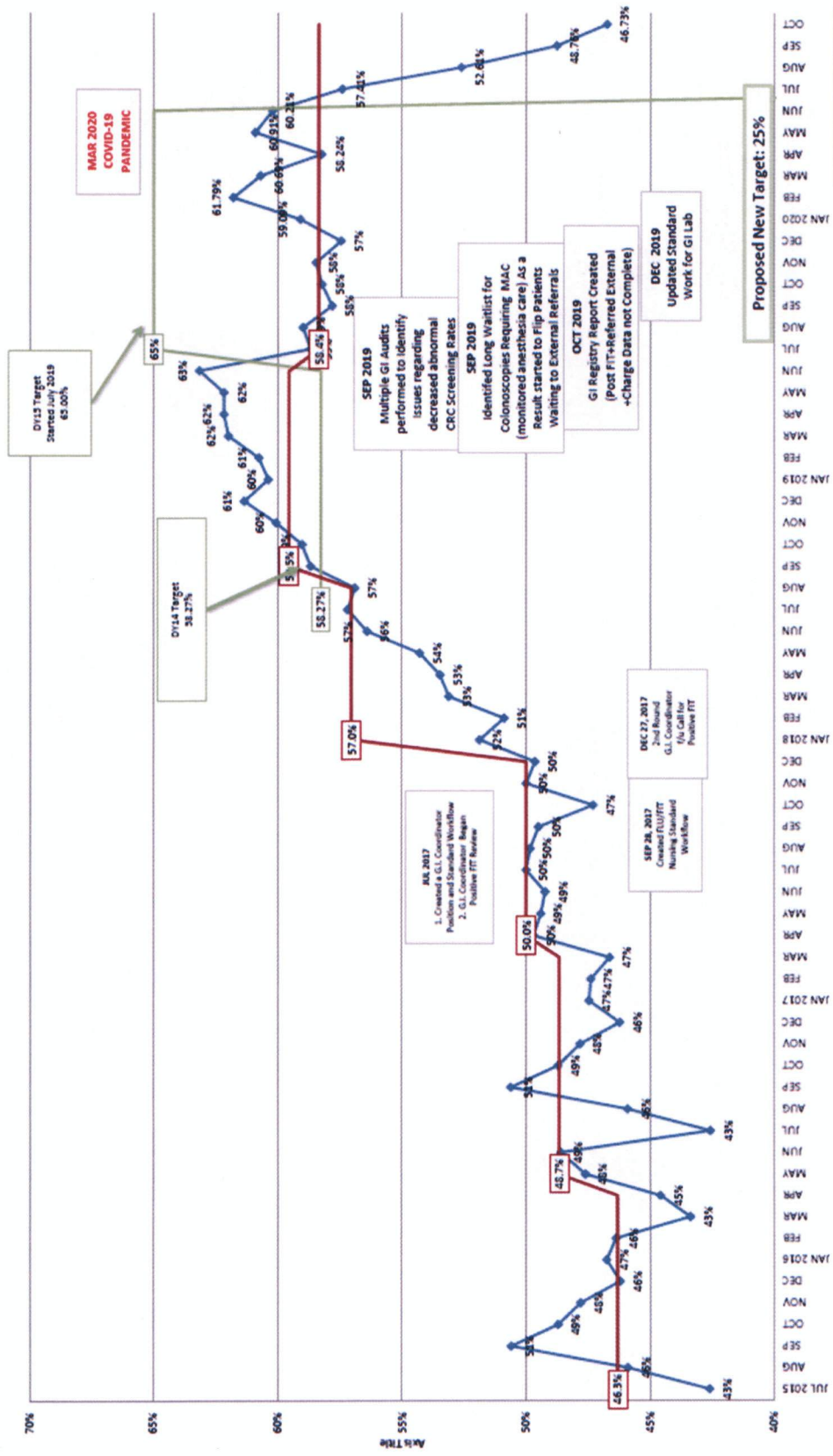
PRIME 1.6.4c Colorectal Cancer Screening

GOOD



Data Source: QLIK Dashboard

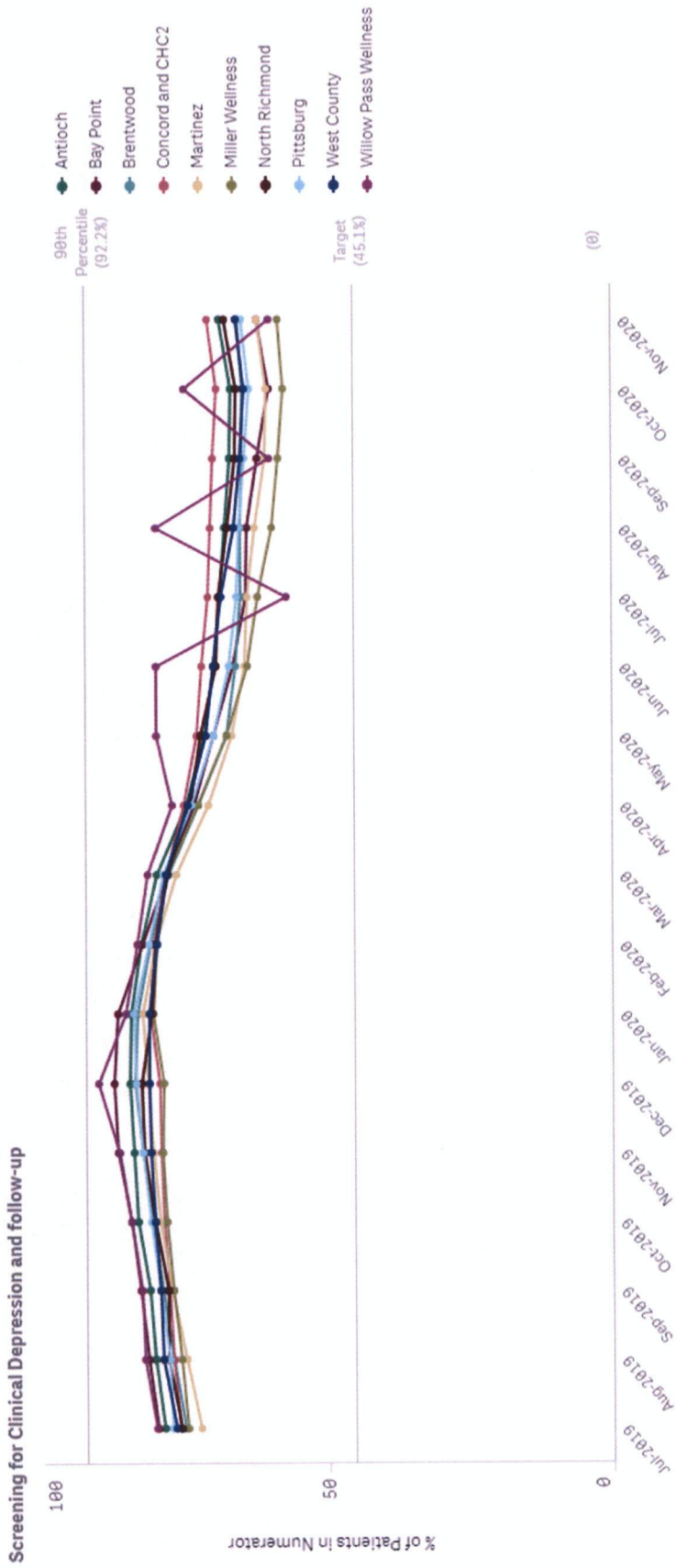
PRIME 1.6.5 Diagnostic Colonoscopy w/ i 6 Months for Abnormal CRC Screening



Data Source: QUR Dashboard



Mental Health: 18 and over screening and follow-up



(8)

Adult Mental Health

2019	Completed Appts
May	1,483
Jun	1,318
Jul	1,488
Aug	1,314
Sep	1,225
Oct	1,505
Total	8,333

2020	Completed Appts
May	1,232
Jun	1,280
Jul	1,271
Aug	1,189
Sep	1,183
Oct	1,422
Total	7,577

Dentistry (all ages)

48% decrease in visits compared to 2019

2019	Completed Appts
Mar	1,182
Apr	1,179
May	1,183
Jun	1,106
Jul	1,125
Aug	1,203
Sep	1,160
Oct	1,186
Total	9,324

2020	Completed Appts
Mar	670
Apr	385
May	451
Jun	637
Jul	709
Aug	646
Sep	726
Oct	625
Total	4,849

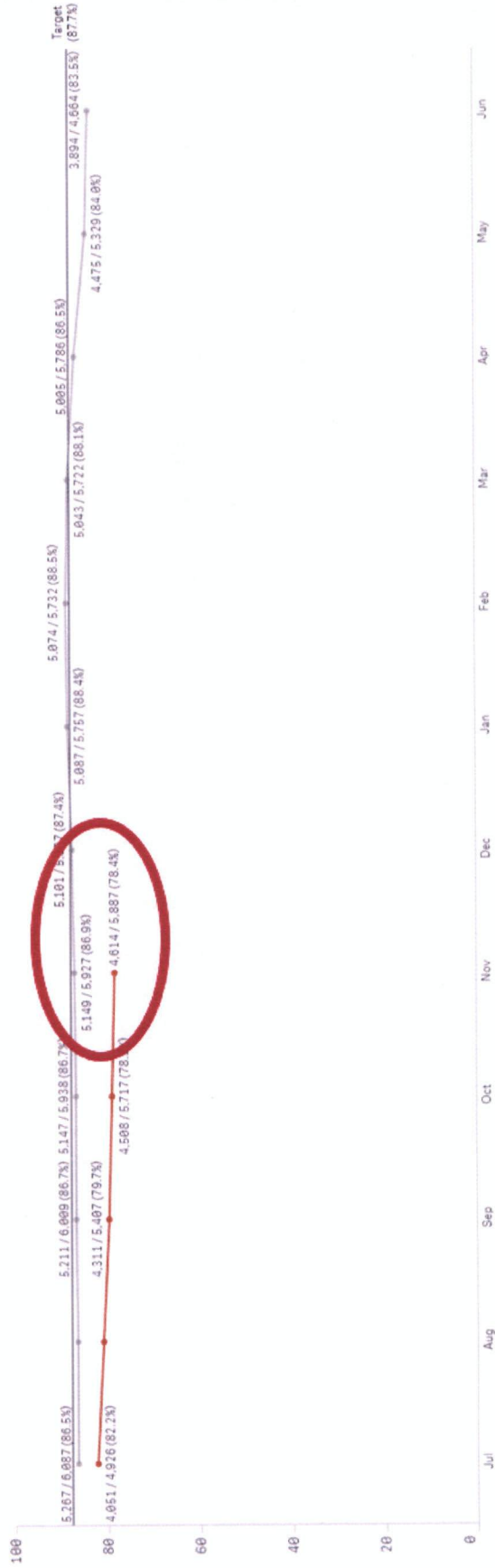
Pediatric Measures

- Childhood and adolescent vaccinations: Our childhood and adolescent vaccination rates are *low*. This is a PH ticking time bomb
- “We have been set back 25 years in about 25 weeks”: <https://time.com/5889049/covid-19-childhood-vaccination-gates-report/>
- Well Child visits: under 25% percentile of Medical
- Lactation support: none in person, telehealth not developed
- Obesity
- Mental Health/Behavioral Health
- Dental care: we are doing 30% of prior

PCP child visits

- PC7 is PCP visits for children at different ages. We are **below** the **25% percentile** for visits for children aged 12-24 months and for those age 2-6 years.

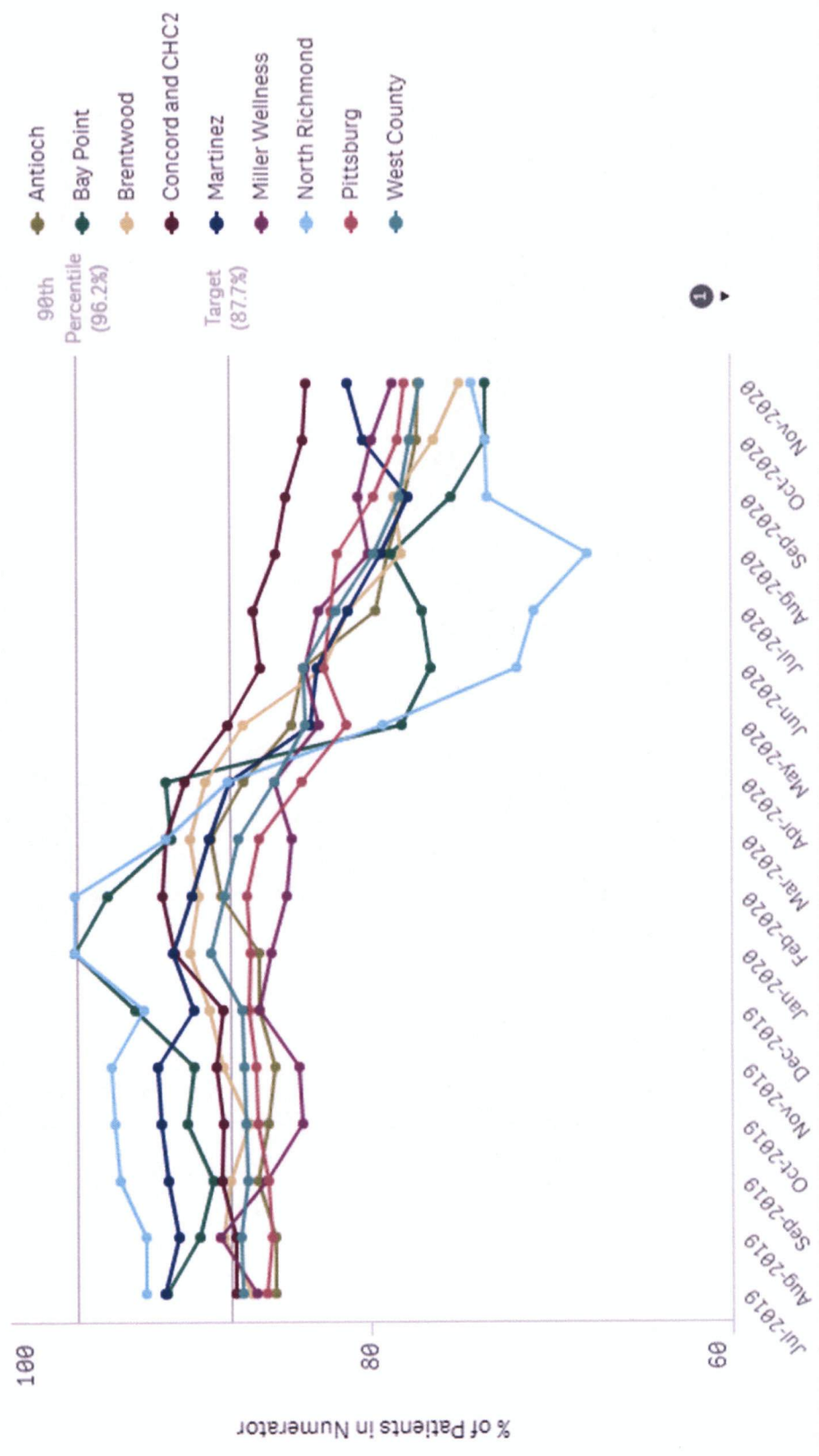
PC 7.2: Children and Adolescent Access to PCP Age 25 months to 6 years
 Target is 5,164 patients | Target missed by 550 patients



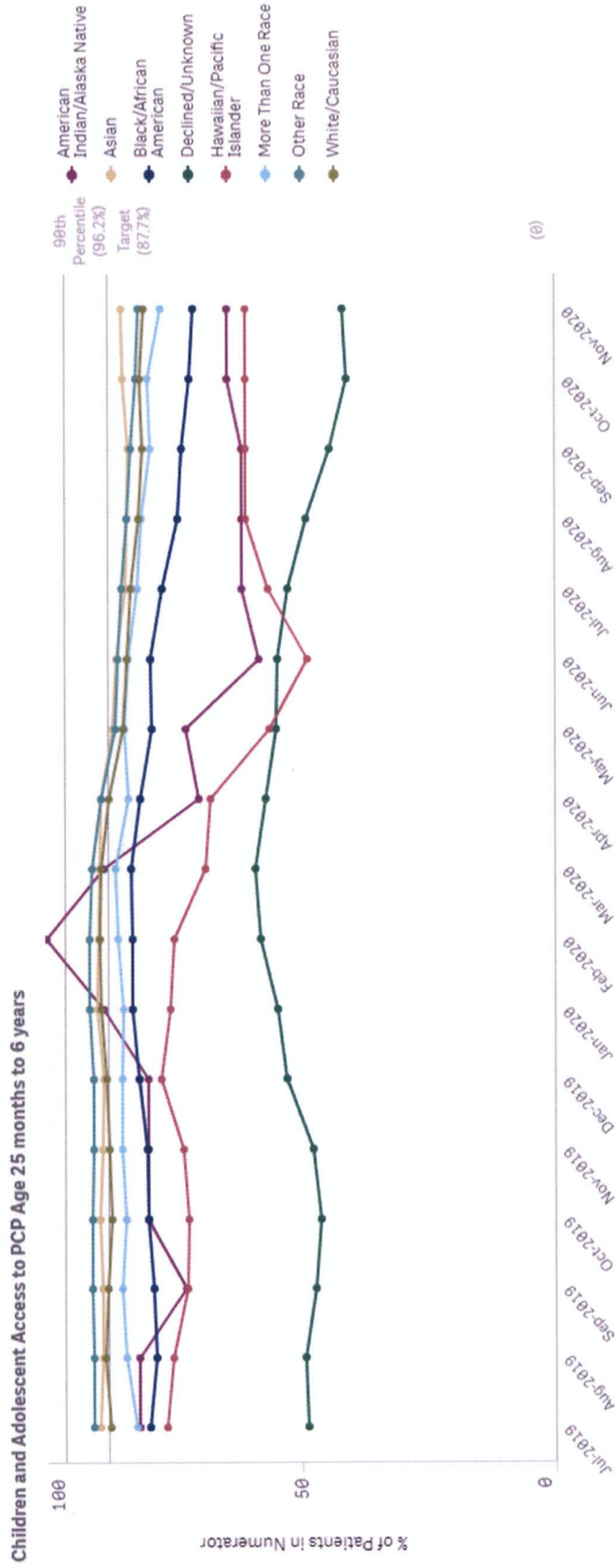
Direction: Up is good | Measure Contact: Donna Kaufman | Denominator: All patients between 25 months to 6 years of age. Numerator: Denominator individuals who had an outpatient visit with a PCP during the measurement year.

Childhood Visits by Health Center

Children and Adolescent Access to PCP Age 25 months to 6 years



Childhood Visits by Race



Lactation Support

- No WIC in person lactation support and no Public Health support for home, but agency lactation support still exists in newborn clinic
- Baby-friendly designation for CCRMC could be at risk if breast feeding decreases
- Black infant health, morbidity and mortality, could also be affected

Pediatric Mental Health

2019	Completed Appts 0-12 years	Completed Appts 13-17 years	Total
May	49	49	98
Jun	38	51	89
Jul	66	61	127
Aug	58	65	123
Sep	55	74	129
Oct	56	75	131
Total	322	375	697

2020	Completed Appts 0-12 years	Completed Appts 13-17 years	Total
May	20	32	52
Jun	18	38	56
Jul	30	43	73
Aug	40	41	81
Sep	45	57	102
Oct	40	55	95
Total	193	266	459

Pediatric Dental Care

71% decrease in visits compared to 2019

2019	Completed Appts 0-12 years	Completed Appts 13-17 years	Total
May	300	131	431
Jun	277	93	370
Jul	256	98	354
Aug	295	113	408
Sep	317	113	430
Oct	290	115	405
Total	1,735	663	2,398

2020	Completed Appts 0-12 years	Completed Appts 13-17 years	Total
May	35	11	46
Jun	54	22	76
Jul	105	38	143
Aug	100	40	140
Sep	114	49	163
Oct	86	50	136
Total	494	210	704

Next Steps

- An outreach division at RMC. We have no staff dedicated to doing outreach, only health home staff that are pulled in various directions and work on piecemeal projects
- Coordinated, project-managed multi-division approach including Public Health, Behavioral Health, Communications, Health Plan, RMC
- Mass childhood immunization efforts, like for influenza
- Return of women's health, school-based and dental vans to care delivery
- We are down 16 primary care providers in the last 15 months. We have only hired 2 in that time. So increased primary care access is needed

Next Steps

- Bringing staff back to work that have been out. 14 providers/dentists on FMLA+. Large numbers of nursing and ancillary staff (numbers pending)
- Other staff reallocations:
 - 19 clinics cancelled per week for last 8 months due to "covid response".
 - 15 FMC clinics per week replaced to do Respiratory clinics.
 - Nursing staff (3 per site) X 44 hours per week to staff drive-through clinics.
 - All nursing staff assigned to front door screening at each site every day.

Contra Costa Family Medicine Residency

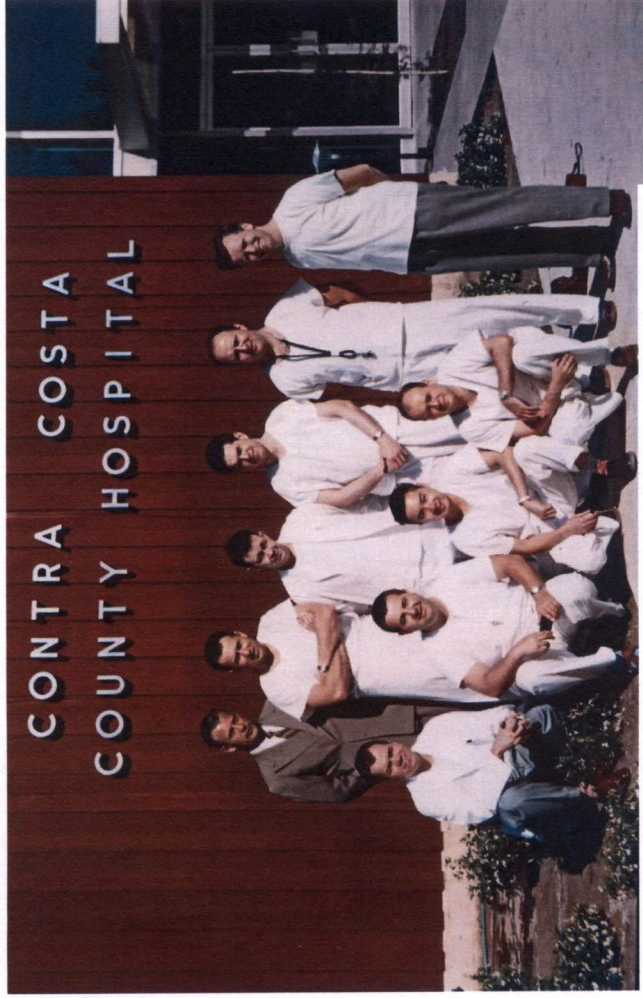
1954-1976

1976-2020



Successes

- Recruitment: 1000 applications for 13 slots
- Top 10 FM Residency 2019-2020
- Grant Funding: \$320,000 this year
- Point of Care Ultrasound: COVID



459 Total Trainees

Tangibles



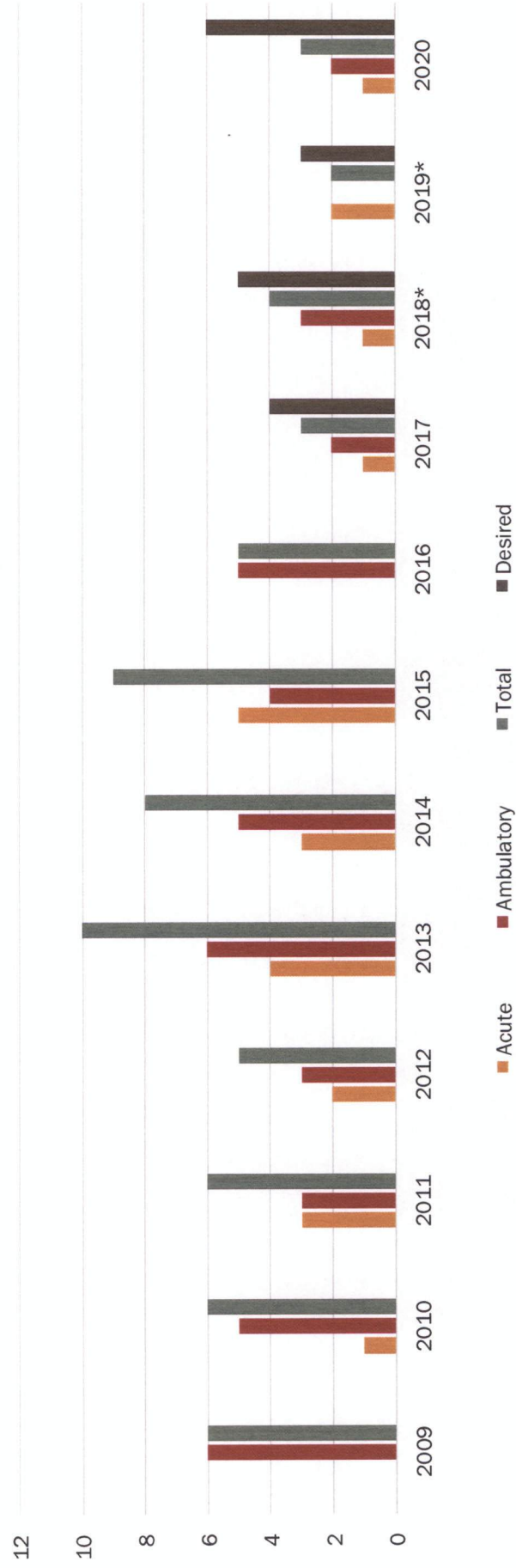
- 21,450 Ambulatory visits per year
- Over 500,000 patient visits



50% of our graduates have remained at CCRMC after graduation

An average of 6.4 residents remain each year

Employed Graduates per Year
2009-2020





Family Medicine
Educational Alliance



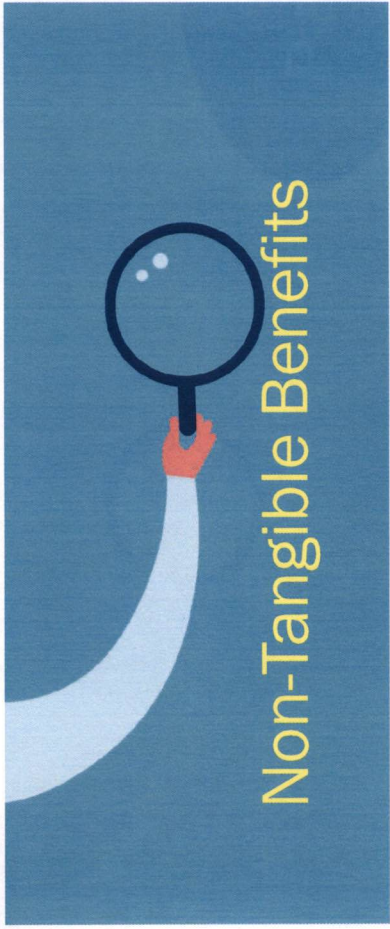
Contra Costa Regional Medical Center & Health Centers

Family Medicine Residency Program

\$1.6 million annual savings brought to system in recruitment costs

Innovation
& Evolution

Employee
Satisfaction

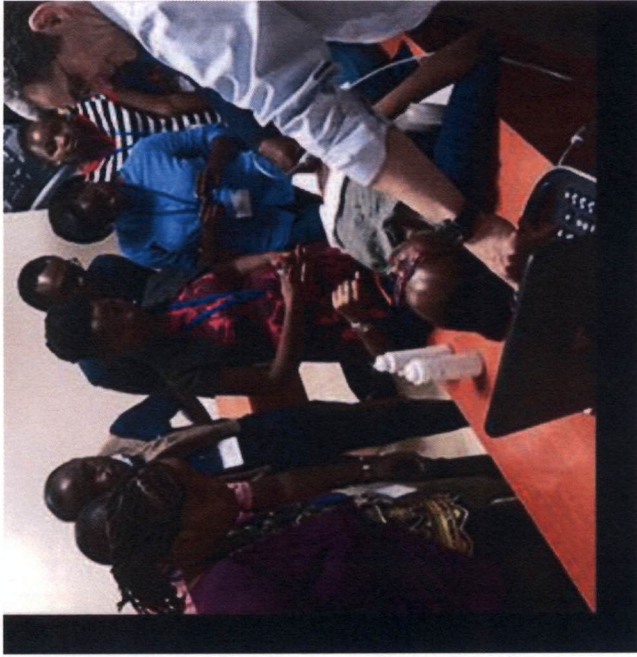


Platform

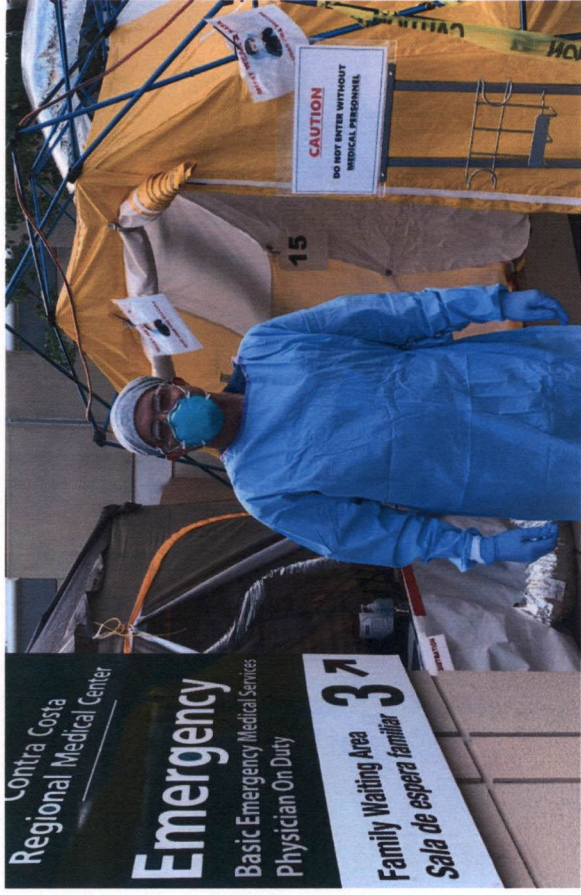
Status

Visibility





Global
Health
& Family
Medicine
Ultrasound



Diversity,
Equity,
Inclusion &
Allyship



Clinical
Excellence to
Meet Any Need

2020 NON-MD CLINICAL CONTRACT SERVICES QUALITY ASSURANCE (QA) REPORT

VENDOR NAME	DEPARTMENT	MONITORING EMPLOYEE	TYPE OF SERVICE	Contractor QA Program on File	QA Included in Internal Reports/Activities	Contractor Provides Quality Reports to Dept.	Renew Contract? (Y/N)
Cardionet	Cardiopulmonary	Gashaw Takele	Cardiac monitoring	N	N	N	Y
Per Diem Staffing System	Cardiopulmonary	Gashaw Takele	Respiratory staffing	N	Y	Y	Y
VANCHCS	Diagnostic Imaging	Angela Womble	Nuclear medicine	Y	Y	Y	Y
Virtual/Radiologic Professionals of CA (formerly Nighthawk Radiology Svcs)	Diagnostic Imaging	Angela Womble	Teleradiology	Y	Y	Y	Y
Oceanside Laundry	Environmental Svcs	David Duet	Linen rental/cleaning	N	Y	Y	Y
Donor Network West	Hospital Admin.	Nancy Hendra	Organ procurement services	N	Y	Y	Y
ProTransport	Hospital Admin.	Karin Stryker	Non-emergent patient transport	N	Y	Y	Y
American Red Cross	Laboratory	Fernando Mendoza	Total blood & blood component svcs	Y	Y	Y	Y
Bennet Omalu Pathology	Laboratory	Fernando Mendoza	Autopsy services	N	Y	Y	Y
Lab Corp of America	Laboratory	Fernando Mendoza	HPV	Y	Y	Y	Y
Monogram Bio Sciences	Laboratory	Fernando Mendoza	HIV	N	Y	Y	Y
NeoGenomics Laboratory	Laboratory	Fernando Mendoza	Outside lab testing	Y	Y	Y	Y
Prometheus	Laboratory	Fernando Mendoza	Reference lab	Y	Y	Y	Y
Santa Clara Valley Med Ctr	Laboratory	Fernando Mendoza	Neonatal toxicology lab testing	N	Y	Y	Y
Specialty Lab (Quest Diagnostic)	Laboratory	Fernando Mendoza	Outside clinical lab	Y	Y	Y	Y
UCSF Dermatopathology and Oral Pathology	Laboratory	Fernando Mendoza	Reference lab - skin disease	Y	Y	Y	Y
All Health Services	Nursing	Nancy Hendra	Health care staffing	N	Y	Y	Y
All Health Services	Nursing	Nancy Hendra	Health care staffing	N	Y	Y	Y
Apheresis Care Grp (frmly Bay Area Mobile Apheresis)	Nursing	Nancy Hendra	Therapeutic apheresis	N	Y	Y	Y
AYA Healthcare Inc (DBA: Access Nurse)	Nursing	Nancy Hendra	Health care staffing	N	Y	Y	Y
Cross Country Staffing Inc (DBA: Medical Staffing Network)	Nursing	Nancy Hendra	Health care staffing	N	Y	Y	Y
Cross Country Staffing Inc (DBA: Medical Staffing Network)	Nursing	Nancy Hendra	Health care staffing	N	Y	Y	Y
Maxim Healthcare Services	Nursing	Nancy Hendra	Health care staffing	N	Y	Y	Y
Maxim Healthcare Services	Nursing	Nancy Hendra	Health care staffing	N	Y	Y	Y
Pediatric Medical Group	Nursing	Nancy Hendra	Newborn hearing screening svcs	N	Y	Y	Y
Per Diem Staffing System	Nursing	Nancy Hendra	Nurse staffing	N	Y	Y	Y
Per Diem Staffing System	Nursing	Nancy Hendra	Nurse staffing	N	Y	Y	Y
Supplemental Health Care (AKA: SHC Svcs)	Nursing	Nancy Hendra	Health care staffing	N	Y	Y	Y
Supplemental Health Care (AKA: SHC Svcs)	Nursing	Nancy Hendra	Health care staffing	N	Y	Y	Y
Sodexo - Nutrition	Nutrition Svcs	Helena Martey	Nutrition management services	N	Y	Y	Y
Metadynamic	Operating Room	Helena Martey	Guidance navigation system	N	Y	N	Y

2020 NON-MD CLINICAL CONTRACT SERVICES QUALITY ASSURANCE (QA) REPORT

UHS Surgical Services	Operating Room	Helena Martey	Laser procedures	N	N	N	N	N	Y
Cardinal RX E-Source	Pharmacy Laboratory	Shideh Ataili	Pharmacy review of after hours orders	Y	Y	Y	Y	Y	Y
Covelo Group, Inc (formerly MGA Healthcare)	Pharmacy Diagnostic Imaging Laboratory	Shideh Ataili	Health care staffing	Y	Y	Y	Y	Y	Y
Covelo Group, Inc (formerly MGA Healthcare)	Pharmacy Diagnostic Imaging Laboratory	Shideh Ataili	Health care staffing	Y	Y	Y	Y	Y	Y



Committee Name: Joint Conference Committee
Meeting Date: December 7, 2020

Issue Name: Patient Safety & Performance Improvement Committee (PSPIC)	Presenter(s): Dr. Sonia Sutherland, Chair
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Situation: Regular Report

Background: Patient Safety & Performance Improvement Committee meets monthly.

Quality and Safety Updates

Patient Safety and Performance Improvement Committee Meeting Highlights October '20 – November '20

See Attached:
PSPIC Summary, SERS Summary, & PSPIC Executive Dashboard
Year in Review 2019-2020

Who	What	When
Chair PSPIC	Report to the Committee	Regularly
JCC	Accept Report	Today



PATIENT SAFETY AND PERFORMANCE IMPROVEMENT MEETING NOTES* Oct. 2020

Our **Patient Safety and Performance Improvement Hospital and Health Center Teams** continue to actively collaborate by ensuring public health emergency preparedness and quick response during these challenging times. We are pleased that our hospital received a **Leapfrog Safety Grade of B** in Spring 2020. We hope that we can sustain our gains in preventing harm and medical errors and progress towards an "A" in our Hospital Safety Grade. Thank you everyone!



- HOSPITAL ASSOCIATED INFECTIONS (HAI's): Kathy Ferris**
ZERO: CAUTI (2020), CLABSI (2019, 2020)
ZERO SSI Hysterectomy; 2 SSI Colon Surgery; **ZERO MRSA**; 1 C. Diff - **LESS THAN NHSN PREDICTED**, Jan – Jun 2020. Will work with **Dr. Rafael** and **Mary Campbell** on SSI. Hand Hygiene monitoring started again in 09/2020 (94%). Will follow-up on **automated hand hygiene monitor** with **Dave Runt**.
- PERINATAL SAFETY & COVID RESPONSE: Donna Kaufman, Cita Richeson**
ZERO: Accidental Perfs and Lacs, PSI 15; **ZERO Penalties.**
BABY FRIENDLY HOSPITAL, Baby Friendly, USA accreditation, 01/2020
BEST MATERNITY HOSPITAL 2020, Newsweek and Leapfrog Group recognition, 10/2020.
 Universal Covid testing started in July. # of deliveries dropped to 1824 due to patient preference. LOS for births shortened resulted in added nursery and outpatient visits. PH Nurse for Home Visits, doulas, and volunteers are not available now. Virtual Hospital Video Tour, Virtual Lactation Tour, Mental Health Support, and Stork Parking Lot implementation is in progress.



- LAB COLLECTION WORKFLOW STANDARDIZATION, Covid Safety: Kudos to Sergio Urcuyo & Lab Team**
- COVID ENVIRONMENT OF CARE: Dave Duet, Donna Kaufman**
 Equipment Preventive Maintenance Completion Rates: Med Device Recalls and Alerts; and Inspections Goals will be adjusted except for TJC requirements. **HEPAs** (High Efficiency Particulate Air Filters) were deployed to kill the pathogens and cut down smoke smell.


- CODE BLUE: Bridget Dyer, Grace Ma**
 Code blue physicians are tiger texted for faster response to get feedback and figure out what is happening. **Dr. Dyer** will send a competency survey to hospitalist physicians and follow-up on nurse education status. Working on **Pediatric Mock Code** and **monthly code blue simulation training**.
- COVID COMMAND CENTER: Shannon Dickerson, Sergio Urcuyo**
 30-Day supply on hand of all PPE State/County goal met. Share Point Site updated. 23 Temp. Emergency Workers (nurses/clerks) Hiring in progress. Shoutout to **Abnesh Kishor** for preparing/delivering Covid Swab Kits.


- REGULATORY REPORT: Ira Beda-Sabio**
100% compliance to reduce ligature risk per audit results. **Lab Joint commission Survey expected on First Week of Nov. 2020.** Working on license renewal. Educators working on patient safety during blood transfusion. 4D Re-opening soon.
- MED SAFETY: Adeebah Fakurnejad**
ZERO Med Errors that reached patient & caused harm. Falls Prevention Report -16% of falls related to meds of which 52% are scheduled meds. Will collaborate with Falls Team to further **correlate patient medications and falls**.


- SERS REPORT & Lessons Learned: Sonia Sutherland**

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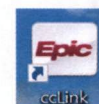
PATIENT SAFETY AND PERFORMANCE IMPROVEMENT MEETING NOTES* Nov. 2020

We appreciate you and your staff for recognizing the importance of safety and quality improvement. Your PSPIC reports and consistent participation reflects your dedication to make a difference in our patients' lives. We also thank Kevin Drury (CCHP Quality Director) for his valuable insights and we wish Kevin happiness in his retirement.



ccLINK SAFETY UPDATES: Troy Kaji

- **Lab and Xray Results:** Patients can now see results including notes when signed.
- **Peds MyChart, 8 – 17 yr. old:** Teens can see their whole record. Launched training on when account can be active.
- **External Covid Labs:** Expanding to display **Top 40 Lab List on Results Review** on ccLink instead of looking at CE.
- **Magellan:** Transition of all Medi-Cal patient pharmacy benefits to **Magellan**. ETA 04/1/2021.



HEALTHCARE FOR THE HOMELESS (HCH), 2020 Health Center Quality Improvement Award: Ori Tzviel

- **Diabetes Care, Cervical Cancer Screening, Hepatitis C measures** were interrupted by Covid-19 due to loss of clinic space/limited POCT testing. Reduced infection rate by moving individuals into hotels/offering testing. **Next Steps:** Dedicated staff for scheduling patients for follow-up; offer self-pap for low-risk women/women at street outreach clinics; resume POCT testing; id residents with HepC for tx.
- **Covid-19 Infection:** Coordinated placement for over 1,000 homeless individuals. Medical/BH services offered to all residents through telehealth/onsite visits. Testing at hotels sites/encampments. **Next Step:** Open a clinic at Motel 6, Pitt.



QIP, PRIME, LEAPFROG, HOSPITAL COMPARE STAR RATING, Karin Stryker

- **Quality Incentive Pool Program (QIP):** Unearned PY3.5 fund will be allocated to high performance in the ff immunization measures: CY 2020 Influenza, Immunization for Adolescents, and Childhood Immunizations.
- **PRIMEd 2020 Award of Excellence:** For earning the highest % of Allocated Funds Over 5-Yr PRIME Waiver Pg
- **B Safety Grade, Leapfrog:** Fall 2019/Spring 2020
- **3 Stars, Hospital Compare Star Rating:** HCAHPS Summary Star Rating and Overall Hospital Star Rating.



COMMAND CENTER HIGHLIGHTS, COVID RESPONSE: Shannon Dickerson, Sergio Urcuyo

- **Hospital:** Increased capacity for Covid patients: 19 Enhanced Air Flow Rms, ED Surge Tent, 49 ventilators.
- **Clinics:** 3 Testing Tents; In-person/Telehealth appointments; Respiratory Clinics
- **Detention Health:** New bookings are tested for Covid and quarantined for 14 days if negative and isolated if positive. Implemented regular testing for all staff. Testing is voluntary, 2x/month.
- **Lab:** Procured more lab analyzers. Processed 18,488 tests since 2/1. Started Serology Testing.
- **Covid Testing Numbers:** **48,192 Total**; 427 In Process; 204 Inconclusive; **44,769 Negative**; **2,762 Positive**.



SERS: Leah Carlon

- **FY 2019-20 Total SERS Reported, 2,655;** 48% were either Medication or Safety/Security/Conduct; Over 50% of submitted SERS except June 2020 were Near Misses; 6 Harm Level 5, Death – 3 in Detention, 3 in the Hosp.
- **Top Specific Event Type for Top 6 Gen Event Types:** **Medication** (Unreconciled Narc Discrepancy); **Safety** (AMA); **Provider/Pt Care Staff Rel** (Doc. Miss/Inc); **Fall** (Accidental trip/fall); **Lab** (Draw delayed); **Skin Integrity** (Pressure Ulcer).



REGULATORY REPORT: Ira Beda-Sabio

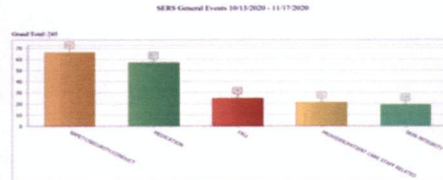
- **The Joint Commission (TJC):** Granted CCRMC/HC full accreditation for all services surveyed on 11/18/19.
- **CA Dept of Public Health (CDPH):** 9 Visits; 7 Rpt. Adverse Events; 4 Pg Flex Appl; 3 Rpt. Adverse Events, Pend
- **Baby-Friendly Hospital Initiative (BFHI):** Recognized as a Baby Friendly Birth Facility 2020-2025 on Jan. 2020
- **Dept of Healthcare Services (DHCS):** Faculty Site Review, WCHC & 4C Psych Inpt Triennial Review – In compliance
- **CalOSHA:** Staff Complaints, 2 Pending Results; **Medi-Cal:** PES Re-certification completed on 06/27/20.



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SERS SUMMARY AND LESSONS LEARNED OCT 13, 2020 – NOV 17, 2020



Celebrating Thanksgiving

During this season of gratitude, we **thank our talented and dedicated frontline staff** who continue to report adverse events or near misses on SERS timely. We also **appreciate our Supervisors and Managers** who immediately review the reports, formulate the action plans, and implement the action items. Your timely reporting **AND** follow-up actions are positive markers of our patient safety culture. We had **245** reported events on SERS for the period 10/13/20 -11/17/20. **Top 5 Events:** 66 Safety/ Security/ Conduct; 57 Medication; 25 Falls; 21 Provider/Patient Care Staff Related; 19 Skin Integrity.

INTERPRETER REQUESTS

If you are having a difficulty in reaching interpreters, call the **Health Care Interpreter Network (HCIN)**, **press 0 then 0** again for a Language Line operator who may be able to connect you directly. When asked if you would like an appointment, always say **YES**. Appointment may occur within 20 or 30 mins.



PATIENT TREATMENT AGREEMENT FORM FOR CHRONIC PAIN TREATMENT

All patients receiving narcotic medications for chronic pain are required to receive and sign a **Pain Agreement** outlining the program; otherwise, no chronic pain meds can be given. **SHOUT OUT!** Resident physician, **Dr. Megan Perez** for following the chronic pain management program guidelines and for involving her Attending physician, **Dr. Erik Gonzalez** in the clinic for guidance and support.



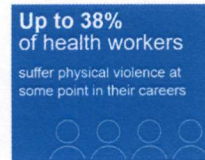
IDENTITY THEFT

Two-identifiers (name, DOB, phone number, MR#, or photo ID) are key to making sure the **right patient gets the right care in the right place**. **SHOUT OUT!** **West County Health Center and CCRMC Registration and Nursing staff** for using 2 identifiers and averting possible Identity Thefts. Kudos to **Security Chief Brian Bonthron & Sgt. Jose Rivera** for investigation & action!



WORKPLACE VIOLENCE

Report any threatening interactions immediately to an on-site supervisor, Security (or 911 if appropriate) when needed. We encourage staff to remain vigilant and aware of their surroundings. Seek personal support from **Employee Assistance Program (EAP) or Medical Staff Assistance Committee for Providers**. Onsite Managers and/or Patient Relations will follow-up with the patient. **SHOUT OUT!** **Dr. Nate Brooks** for immediately reassigning the patient & supporting **NP Shannon P. Turner**.



SHOUT OUTS

- **Drs. Cavallaro and Fraser, NP Sandra Murgia, Sandra Harris and Post-partum Nurses, Social Worker, and Lactation** for patient empathy and emotional support. **Heidi Ilan and Rehab Dept** for going the extra mile, sending an in-basket message to PCP, and doing a follow-up phone call with a patient.
- **Drs Gabriela Sullivan & Andrea Sandler** for informing staff what's OK to say when providers are out of the office – "on leave," "away from the clinic," or "out of the office."
- **Dr. Opal Taylor** for reporting the slow lab registration process and **Grace Dwyer/ccLink Team** for IT resolution.



Patient Safety Performance Improvement Committee

Executive Dashboard - Oct '20 - Nov '20

Report	Presenter(s)	Measure	Target	Current	Status
Infection Prevention & Control (IPC) - Hospital Associated Infections (HAI's)	K. Ferris, N. Hendra	CAUTI	0	0	Goal Met
IPC-HAI's	K. Ferris, N. Hendra	CLABSI	0	0	Goal Met
IPC-HAI's	K. Ferris, N. Hendra	Surgical Site Infections Hysterectomy	< NHSN predicted of 1	0	Goal Met
IPC-HAI's	K. Ferris, N. Hendra	Surgical Site Infections Colon	< NHSN predicted of 1	2	Goal Not Met
IPC-HAI's	K. Ferris, N. Hendra	Hospital Onset MRSA	< NHSN predicted of 1	0	Goal Met
IPC-HAI's	K. Ferris, N. Hendra	Hospital Onset C Diff	< NHSN predicted of 5.259	0.190	Goal Met
IPC-HAI's	K. Ferris, N. Hendra	Hand Hygiene Data	--	94% Sept '20	No Target
Perinatal Safety & Covid Response	J. Bliss, F. Jolton, C. Ritcheson, D. Kaufman	PSI 15 - Accidental Perfs & Lacs	0	0	Goal Met
Perinatal Safety & Covid Response	J. Bliss, F. Jolton, C. Ritcheson, D. Kaufman	Surgical Site Infection Hysterectomy	< NHSN predicted of 1	0	Goal Met
Covid Environment of Care	D. Duet, D. Kaufman	Preventive Maintenance (PM) Completion rate of exit & emergency lights	100%	99%	Goal Not Met

Covid Environment of Care	D. Duet, D. Kaufman	PM Completion rate of fire extinguishers	100%	98%	Goal Not Met
Covid Environment of Care	D. Duet, D. Kaufman	Monthly on time PM completion rate	95%	77.83%	Goal Not Met
Covid Environment of Care	D. Duet, D. Kaufman	Medical Device recalls and alerts addressed for month	100%	99%	Goal Not Met
Covid Environment of Care	D. Duet, D. Kaufman	Number of incoming inspections performed for month	100%	98%	Goal Not Met
Covid Environment of Care	D. Duet, D. Kaufman	PM completion Rate - Non-High Risk Med Equipment	100%	91%	Goal Not Met
Code Blue	B. Dyer, G. Ma, K. Hauer	ACLS Guidelines Followed	100%	67% Jan - Sep 2020	Goal Not Met
Code Blue	B. Dyer, G. Ma, K. Hauer	End tidal CO2 Documented on Code Blue Record	90%	64% Jan - Sep 2020	Goal Not Met
Healthcare for the Homeless	Rachel Birch, Dr. Ori Tzvieli	Diabetes Care: Reduce the percentage of homeless patients with uncontrolled diabetes or missing A1c tests	$\leq 42\%$	44.50%	Goal Not Met
Healthcare for the Homeless	Rachel Birch, Dr. Ori Tzvieli	Cervical Cancer Screening: Increase the rate of cervical cancer screening among homeless patients	$\geq 53\%$	50.60%	Goal Not Met

<p>Healthcare for the Homeless</p>	<p>Rachel Birch, Dr. Ori Tzvieli</p>	<p>Hepatitis C: Increase the number of completed POCTs for Hepatitis C among homeless patients</p>	<p>≥ 160</p>	<p>102</p>	<p>Goal Not Met</p>
<p>Healthcare for the Homeless</p>	<p>Rachel Birch, Dr. Ori Tzvieli</p>	<p>COVID-19: Reduce the rate of COVID-19 infection among the homeless population by moving high risk individuals into hotels and offering testing at all HCH care sites.</p>	<p>--</p>	<p>Positive Test Rate: <ul style="list-style-type: none"> • HRSA: 3.4% • HUD: 2.2% • Not Homeless: 3.9% </p>	<p>No Target</p>
<p>COVID Command Center</p>	<p>Shannon Dickerson, Sergio Urcuyo</p>	<p>Procure 120 days' supply on hand of all PPE.</p>	<p>120 days</p>	<p>N95s- goal met Surgical masks- goal met Eye protection- goal met Gloves- approaching goal- Currently 95 Days Gowns- goal met</p>	<p>Approaching Goal</p>

COVID Command Center	Shannon Dickerson, Sergio Urcuyo	Par Level - Maintain 30 days' supply on hand of all PPE.	30 days	N95s- goal met Surgical masks- goal met Eye protection- goal met Gloves- goal met Gowns- goal met	Goal Met
SERS Monthly	Sonia Sutherland	Monthly SERS Reports	>/= 195	156	Goal Not Met
Regulatory Report	Ira Beda-Sabio	Compliance with 4 chart elements to reduce ligature risk. Monthly audit of 30 charts 4C and 30 charts PES	100%	June PES & 4C 100% July PES & 4C 100% August PES & 4C 100% September PES & 4C 100%	Goal Met
Regulatory Report	Ira Beda-Sabio	Pre-sedation assessment: Compliance with ASA Score. 30 chart audits monthly	90% Compliance for 3 consecutive months	August 83.3% September 93%	Goal Not Met
Med Safety	Adeebah Fakurnejad, Shideh Ataii	Med Error Rate	—	0.05%	No Target
Med Safety	Adeebah Fakurnejad, Shideh Ataii	# of Med Errors that reached patient and caused harm (MERP Scale Level E - Level I)	0	0	Goal Met



Annual Reports Presented - See Detailed Reports

PRIME/QIP - Karin Stryker, Nooshin Abtahi

CMS Star Rating - Karin Stryker, Courtney Beach

Leapfrog - Karin Stryker, Courtney beach

Core Measures - Karin Stryker

SPI Annual Evaluation - S. Sutherland, I. Beda-Sabio, S. Dickerson, L. Carlon

Year in Review

PATIENT SAFETY AND PERFORMANCE IMPROVEMENT COMMITTEE

PSPIC '19-'20

JCC December 2020

Dr. Sonia Sutherland



Awards and Recognition



CERTIFICATE OF ACHIEVEMENT

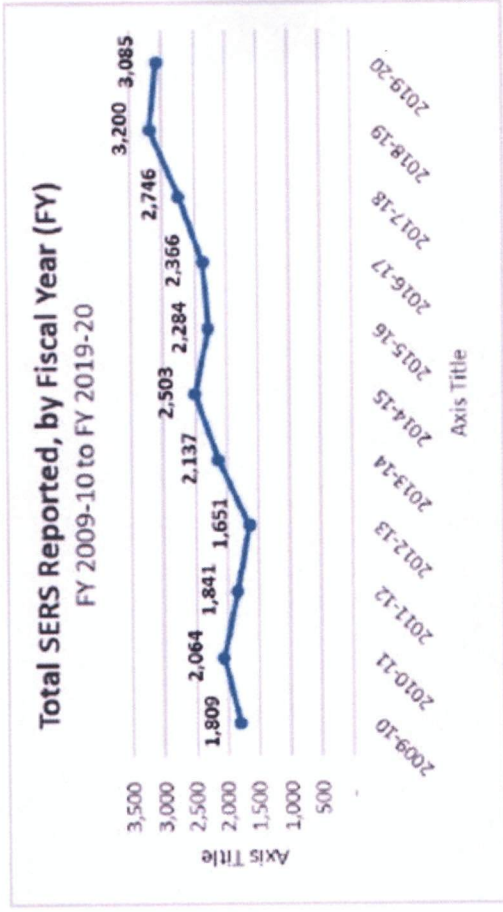
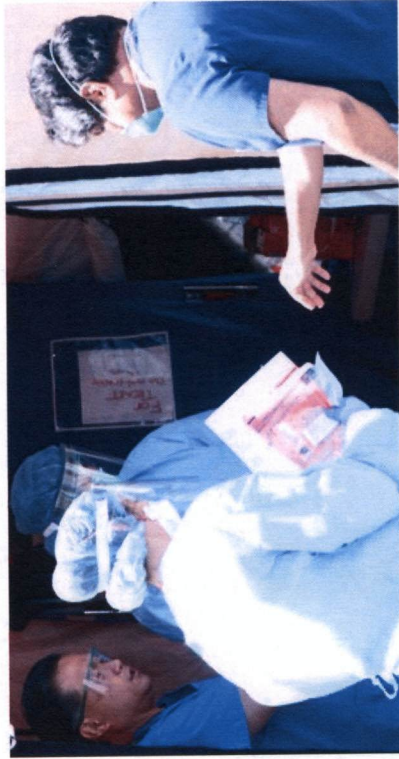
awarded to
Contra Costa County Health Services Department

HRSA HEALTH CENTER PROGRAM
11000 EAST AVENUE, SUITE 1000, DENVER, CO 80231





Safety Culture



Staff are the Eyes & Ears

Striving for **ZERO Harm** 2020



- 0 Central Line Associated Blood Stream (CLABSI) Infections**
- 0 Catheter Associated Urinary Tract (CAUTI) Infections**
- 0 Surgical Site Infections (SSI) - Hysterectomy**
- 0 MRSA Blood Stream Infections**
- 0 Accidental Perfs and Lacerations PSI 15**
- 0 Med Errors Reached Patients and Caused Harm**
- 0 Adverse Events Nuclear Medicine**

SERS Lessons Learned

- 2 Patient Identifiers
- Patient treatment Agreement form for Chronic Pain
- Healthcare Interpreter Network
- Workplace Violence Protocol
- Airborne Precautions
- Acceptable Masks
- cc Link Storyboards



East Bay
Safe Prescribing
Coalition

Up to 38%
of health workers
suffer physical violence at
some point in their careers



Patient treatment Agreement form for Chronic Pain



Healthcare Interpreter Network

Workplace Violence Protocol



Airborne Precautions

Acceptable Masks



cc Link Storyboards

PSPIC Notes

- High Reliability - **ZERO** Harm
- Medication Safety
- Protected Code Blue
- Covid Command Center
- Telehealth
- Respiratory Care clinic
- Deep Dive - Covid Testing Workflows
- Air Purifiers - HEPA Filters

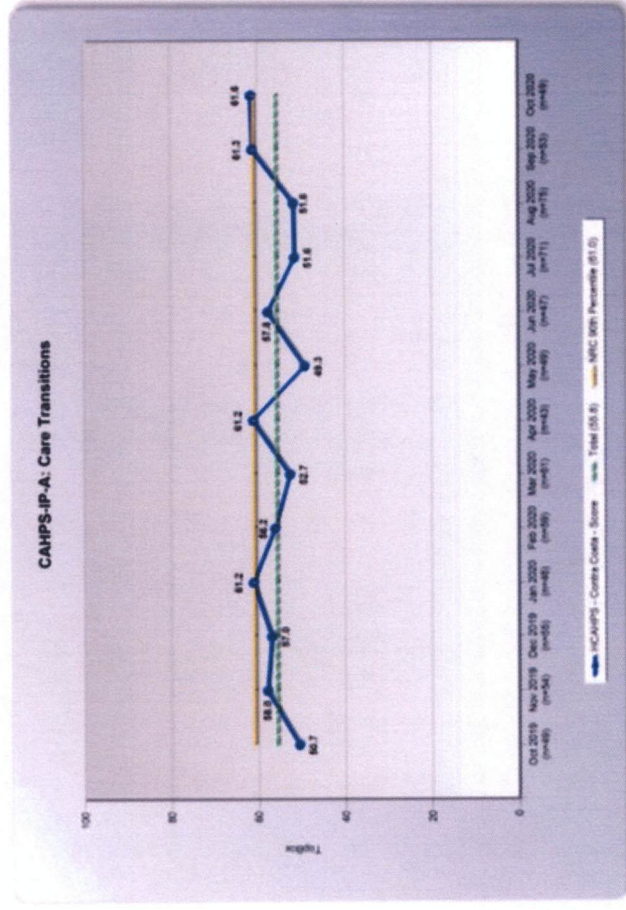


PROTECTED CODE
BLUE
CCRMC



Patient Experience

Preferences taken into account
Understood how to manage health at home
Understood the purpose of meds





Staff Experience

"Like many of us, I went into medicine to serve those most in need. This pandemic is not what I imagined tackling in my day-to-day work as a primary care physician, but it is our calling and our duty to rise to the challenge of this crisis."



-Dr. Brian Yoshi Laing

Covid Wellness Team

COVID WELLNESS TIPS
WE ARE ALL IN THIS TOGETHER

40 HOURS OF FREE BILT-CARE RESOURCES

LET'S TAKE CARE OF OUR COMMUNITY

40 HOURS OF FREE BILT-CARE RESOURCES



Individual Support

Patient Experience Week
April 27 - May 1, 2020

Honoring ALL OUR STAFF who provide an exceptional patient and caregiver experience each contact or visit.

WELLNESS TIPS
WE ARE ALL IN THIS TOGETHER

Mental wellness is a key component of overall health and well-being. It involves the emotional, psychological, and social aspects of a person's life. Mental wellness is not just the absence of mental illness, but the presence of positive mental health.

There are many ways to improve your mental wellness, including:

- Practicing self-care
- Seeking support from friends and family
- Engaging in physical activity
- Managing stress
- Seeking professional help

For more information, visit www.wellness.com

COVID WELLNESS TIPS
WE ARE ALL IN THIS TOGETHER

RELEVANT
IMPACT RACIAL TRAUMA

Racial trauma is a form of psychological injury that results from exposure to racism. It can be caused by direct experiences of racism, such as being discriminated against or harassed, or by indirect experiences, such as witnessing racism or knowing someone who has been affected by it.

Racial trauma can have a variety of effects on a person's mental and physical health, including:

- Anxiety and depression
- Post-traumatic stress disorder (PTSD)
- Substance use
- Physical health problems

There are many ways to address racial trauma, including:

- Seeking support from friends and family
- Engaging in physical activity
- Seeking professional help

For more information, visit www.wellness.com

COVID WELLNESS TIPS
WE ARE ALL IN THIS TOGETHER

HEART-WARMING
Staff Engagement

Staff engagement is a key component of organizational success. It involves the emotional and psychological investment that employees have in their work and the organization. Engaged employees are more likely to be productive, creative, and committed to their work.

There are many ways to improve staff engagement, including:

- Providing clear communication
- Offering opportunities for growth and development
- Recognizing and rewarding employees
- Encouraging autonomy and ownership

For more information, visit www.wellness.com

TIMELY
1st Issue March 16th

RELEVANT
IMPACT RACIAL TRAUMA

HEART-WARMING
Staff Engagement

64 Wellness Tips to Date

