



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

Date: May 3, 2021
 Subject: Meeting Notice
Joint Conference Committee

Due to the Covid-19 Public Health Emergency, this meeting will not be held in person. You can access the meeting remotely by using the Zoom information on page 3 of this agenda.

JOINT CONFERENCE COMMITTEE AGENDA

May 3, 2021 from 1:00 – 2:00 pm

<i>Page #</i>	AGENDA ITEM	RECOMMENDATION
	I. CALL TO ORDER and INTRODUCTIONS Meeting Chair- Supervisor John Gioia, District I	Inform
	II. APPROVAL OF MINUTES – December 7, 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, MD, Medical Staff President A. Governing Authority Bylaws update	Inform
<i>Tab #</i>	AGENDA ITEM	RECOMMENDATION

	<p>V. ADMINISTRATIVE UPDATE Samir B. Shah, MD, Chief Executive Officer/Chief Medical Officer</p> <p>A. Presentation: Fallout from Covid-19 – Update Q1 2021 Gabriela Sullivan, M.D.</p>	Inform
	<p>VI. SAFETY AND QUALITY UPDATES Sonia Sutherland MD, Medical Director of Quality and Safety</p> <p>A. Presentation: Patient Safety and Performance Improvement Committee (PSPIC) Highlights – Q1 2021</p>	Inform
	<p>VII. ADJOURN to Professional Affairs Committee</p> <p>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.</p> <p>PAC will be held under separate Zoom meeting. PAC attendees, please disconnect and use the PAC invite Zoom information for that meeting.</p>	Inform
	<p>VIII. NEXT MEETING: August 2, 2021</p>	

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

Zoom Webinar Meeting Instructions

Please click the link below to join the webinar:

<https://cccouny-us.zoom.us/j/82237967282?pwd=TElBVnBFMThwNEpYcTlxUVU4ZHZLZz09>

Passcode: 477267

Or Telephone:

Dial:

USA 214 765 0478 US Toll

USA 888 278 0254 US Toll-free

Conference code: 154228

Or an H.323/SIP room system:

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

Meeting ID: 822 3796 7282

Passcode: 477267

SIP: 82237967282@zoomcrc.com

Passcode: 477267



JOINT CONFERENCE COMMITTEE

MINUTES

December 7, 2020, from 1:00 – 2:00 pm

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

<i>ATTENDANCE OF VOTING AND NON-VOTING MEMBERS</i>	
<p><i>VOTING MEMBERS PRESENT: Supervisor John Gioia, District I; Supervisor Karen Mitchoff, District IV; Dr. Courtney Beach, Chair, Hospital Medicine; Dr. Andrea Sandler, Chair, Department of Family and Adult 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; Anna Roth, R.N., Health Services Director. Guests: Gabriela Sullivan, MD, Specialty Care Medical Director; Sergio Urcuyo, MD, Hospital Medical Director; Jessica Hamilton, MD, Medical Director for Detention Health Services; Enid Mendoza, CAO's office; Will Harper, Community and Media Relations; David Runt, Chief Operating Officer; Leah Carlon, Interim Patient Safety Officer/Health Care Risk Manager; Joseph Greaves, M.D., Brian Johnson, MD, Family Medicine Residency Director; Brian Kuennenmeier, PsyD; Karin Stryker, MBA, Director, Safety and Performance Improvement; Erika Jenssen, Deputy Health Director; Sonia Sutherland, MD; Jaspreet Benepal, R.N., Chief Nursing Officer; Helena Martey, R.N., Director of Ambulatory Care Nursing.</i></p>	
AGENDA ITEM	RECOMMENDATION
<p>I. CALL TO ORDER and INTRODUCTIONS Meeting Chair- Supervisor John Gioia, District I</p>	<i>Information only.</i>
<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 October 5, 2020, Joint Conference Committee minutes.</i></p>	<p><i>Motion:</i> <i>By Sandler to approve</i> <i>Seconded by Mitchoff</i></p> <p><i>Ayes:</i> <i>Gioia, Mitchoff, Beach, Sandler</i></p> <p><i>Absent: None</i></p> <p><i>Abstain: None</i></p>
<p>III. PUBLIC COMMENT Supervisor Gioia</p> <p><i>No Public Comment.</i></p>	<i>No Public Comment</i>
<p>IV. GOVERNANCE Kristin Moeller, M.D. Medical Staff President</p> <p><i>The Governing Authority Bylaws annual review were presented with no revisions for 2021.</i></p> <p><i>CCRMC representatives to JCC for 2021 were announced: Dr. Courtney Beach and Dr. Andrea Sandler.</i></p>	<i>Inform</i>

AGENDA ITEM	RECOMMENDATION
<p>IV. ADMINISTRATIVE UPDATE Samir Shah MD, Chief Executive Officer and Chief Medical Officer</p> <p>A. Fall Out from COVID-19 Gabriela Sullivan, M.D., Specialty Care Medical Director</p> <p><i>Presented the COVID-19 -related impact, with data, on chronic care measures for adults and children regarding physical and behavioral health.</i></p>	<p><i>Inform</i></p>
<p>B. COVID-19 Surge Plan Update Sergio Urcuyo, M.D., Hospital Medical Director</p> <p><i>Presented the current CCRMC COVID-19, 4-level surge plan.</i></p>	<p><i>Inform</i></p>
<p>C. Contra Costa Family Medicine Residency Update Brian Johnson, M.D., Family Medicine Residency Director</p> <p><i>Presented successes and status of CCRMC's Family Medicine residency program.</i></p>	<p><i>Inform</i></p>
<p>D. Consent Agenda: Quality Assurance Non-MD Contracts Karin Stryker, Director, Safety and Performance Improvement</p> <p><i>Requested consent for non-provider contracts that impact patient care for quality review as required by The Joint Commission.</i></p>	<p>Inform/Action Motion by Dr. Sandler to approve Seconded by Mitchoff Ayes: Gioia, Mitchoff, Beach, Sandler Absent: None Abstain: None</p>
<p>V. MEDICAL STAFF UPDATES Kristin Moeller, M.D., Medical Staff President</p> <p><i>No report this month.</i></p>	<p><i>Inform</i></p>
<p>VI. SAFETY AND QUALITY UPDATES Sonia Sutherland, M.D., Medical Director of Quality and Safety</p> <p><i>Presented quality improvement highlights of the Patient Safety and Performance Improvement Committee for October and November 2020. Included are data and COVID-19 -related updates.</i></p>	<p><i>Inform</i></p>

AGENDA ITEM	RECOMMENDATION
VII. ADJOURN to Professional Affairs Committee	<i>Information only.</i>
<p data-bbox="203 205 933 237">Minutes approved by Chair: Supervisor John Gioia, District I</p> <hr data-bbox="203 325 1161 329"/> <p data-bbox="349 338 617 369">Supervisor John Gioia</p> <p data-bbox="1015 338 1079 369">Date</p> <p data-bbox="982 409 1388 441"><i>Minutes by Sue Pfister/Karin Stryker</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 2021

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BYLAWS OF
CONTRA COSTA REGIONAL MEDICAL CENTER
AND HEALTH CENTERS

ARTICLE I

GENERAL

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

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

DRAFT

DEFINITIONS

The following definitions apply to the provisions of the Bylaws:

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

MISSION

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

DRAFT

ARTICLE II

GOVERNING AUTHORITY

Section 1.

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

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

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

- c. Operations Management. The Board through the County Administrator and Director of Health Services will:
 - 1. Review, approve, and recommend annual operating and capital budgets;
 - 2. Arrange for appointment of a qualified CCRMC Administrator and other staff;
 - 3. Accept ultimate responsibility for assuring, through the Hospital, 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 institutional management and planning functions:

a. 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.

b. 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.

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

1. Annually review and approve the integrated and hospital-wide Safety and Performance Improvement Plan;
2. 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;
3. 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;
4. 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. Number. 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.

- a. Filling 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.
- b. Resignation. 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.

- a. Composition. Members and officers of the Professional Affairs Committee shall be the same as the members and officers of the Joint Conference Committee.
- b. Voting Privileges. Members and officers of the Professional Affairs Committee shall have the same voting privileges as those of members and officers of the Joint Conference Committee, which are set forth in article III, section 2.
- 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. When a voting member of the Professional Affairs Committee is unable to attend a meeting or has a conflict of interest that would prevent the member from participating at the meeting, an alternate may serve in the member's place in accordance with the procedures set forth in article III, section 2, subdivision (d).

- e. Responsibilities. Officers of the Professional Affairs Committee shall have the same responsibilities as the officers of the Joint Conference Committee as set forth in article IV.

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

Reviewed December 2020, no revisions proposed

Approved by Contra Costa Regional Medical Center Joint Conference Committee December 7, 2020

Reviewed by County Counsel, February 12, 2021

Approved by Contra Costa County Board of Supervisors pending



Fallout From Covid-19

UPDATE Q1 2021

***Preventative and Chronic Care Measures in
Contra Costa County***

May 2021



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

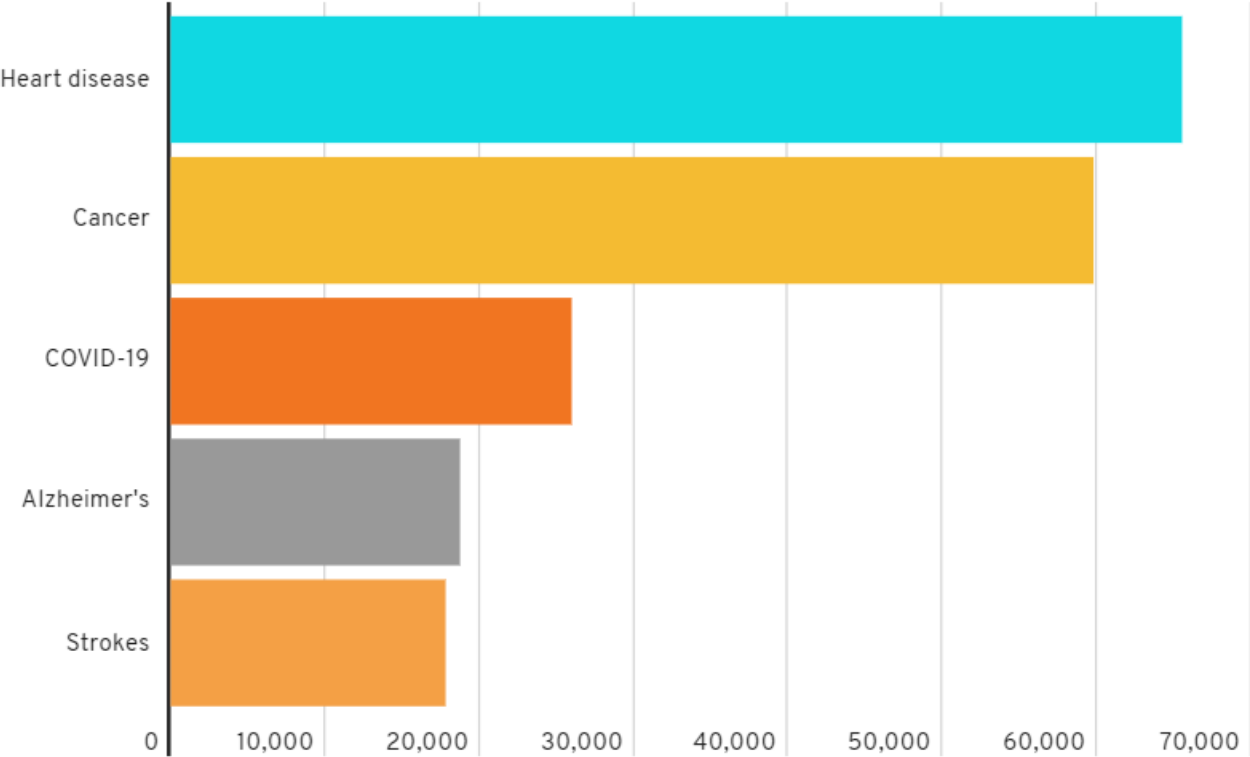
A Division of Contra Costa Health Services

Causes of Death

- COVID 19 was the third leading cause of death in CA in 2020 followed by heart disease and cancer
- 48K more Californians died in 2020 than in 2019, in large part due to 26K deaths attributed to pandemic
- Still a 4% increase in heart disease mortality and 5% increase in stroke mortality
- Non-COVID ER visits dropped 42% nationwide, possibly contributing to increased mortality from conditions above
- Increase in Alzheimer's related deaths
- Dramatic increase in opioid deaths; in California up 46%

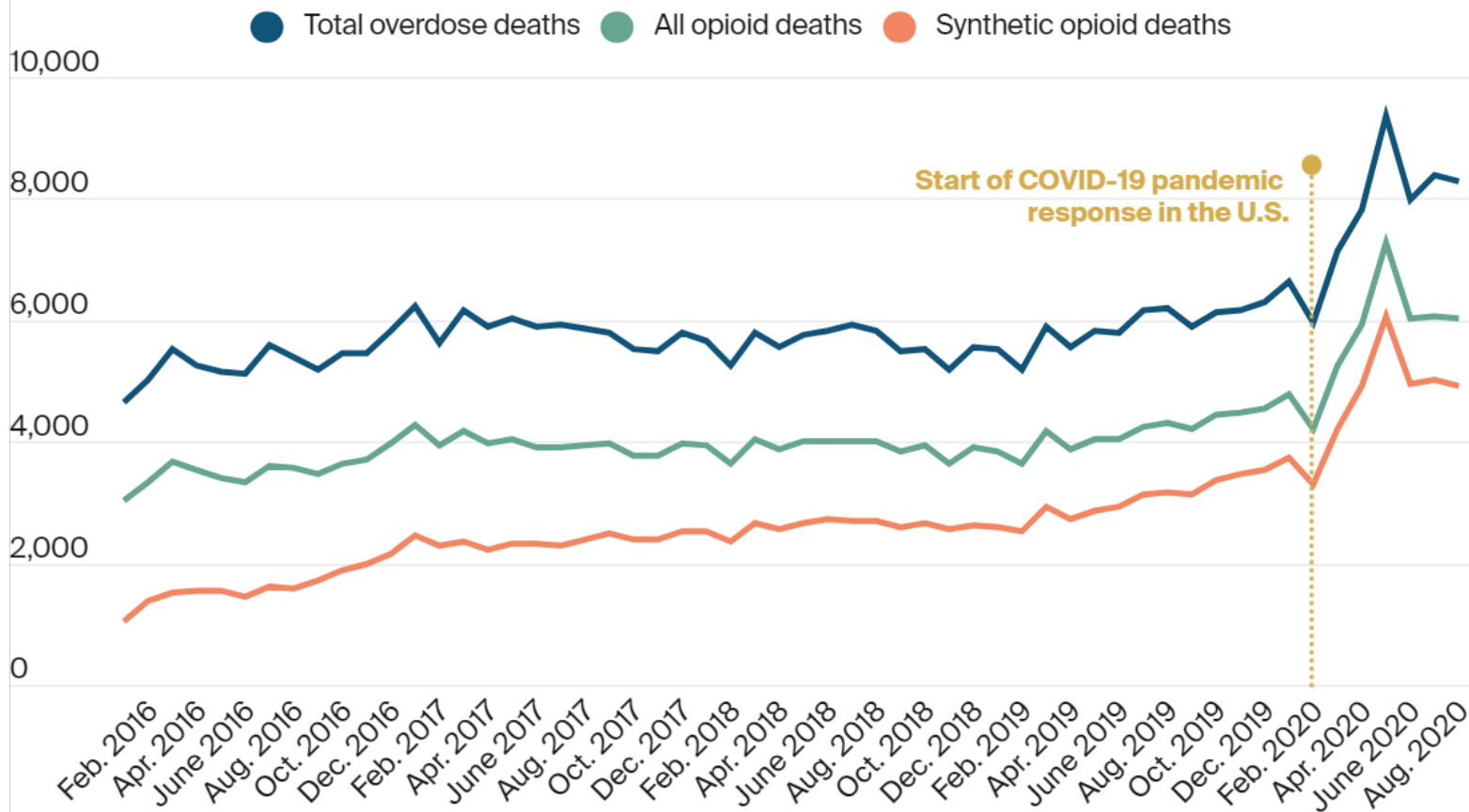
Leading causes of death in 2020

COVID-19 was the third leading cause of death in California, following heart disease and cancer



Source: California Department of Public Health

Monthly drug overdose deaths

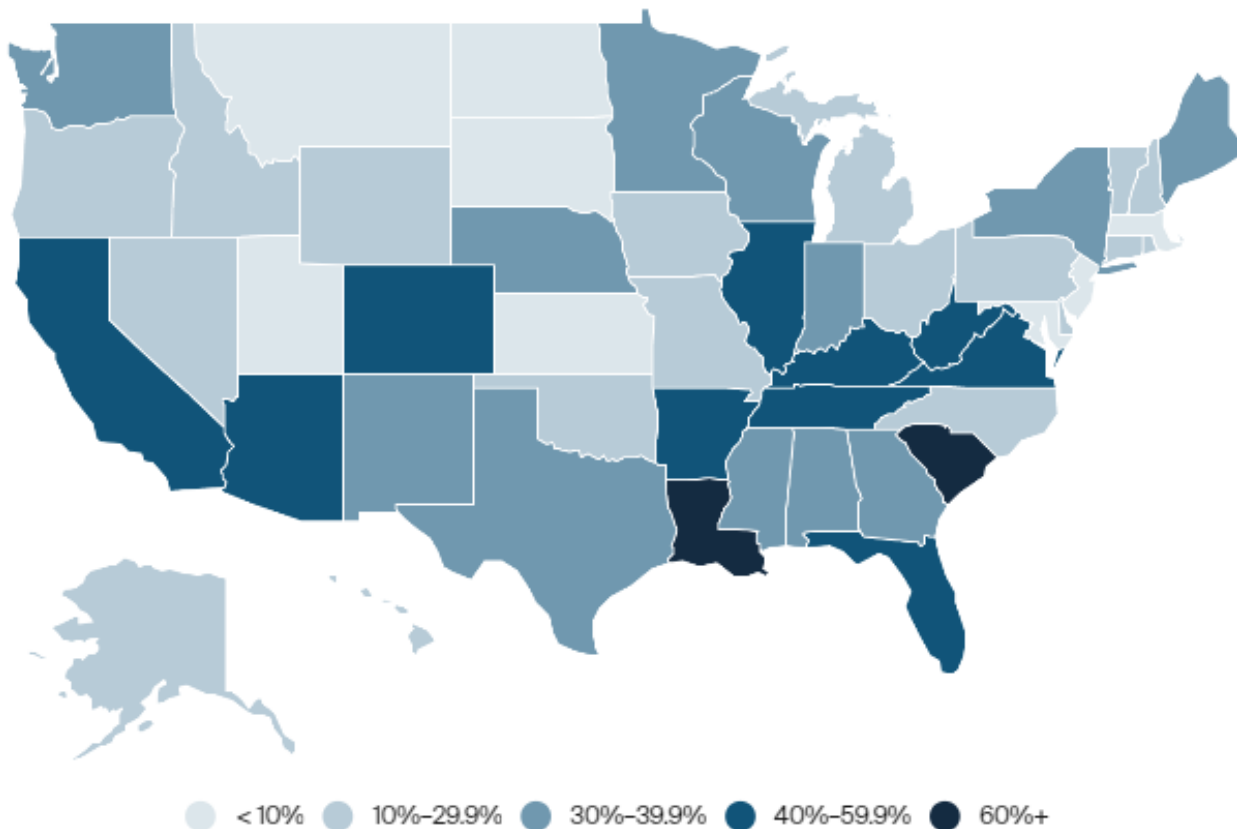


Note: Synthetic opioid deaths exclude those from methadone. Specific drug-class deaths are not mutually exclusive.

Data: Final 2016–2019 monthly totals: CDC WONDER; Estimated 2020 monthly totals: Calculations based on National Vital Statistics System [Provisional Drug Overdose Death Counts](#), CDC WONDER.

Source: Jesse C. Baumgartner and David C. Radley, "The Spike in Drug Overdose Deaths During the COVID-19

Estimated percent increase in overdose deaths, January–August 2020 vs. January–August 2019

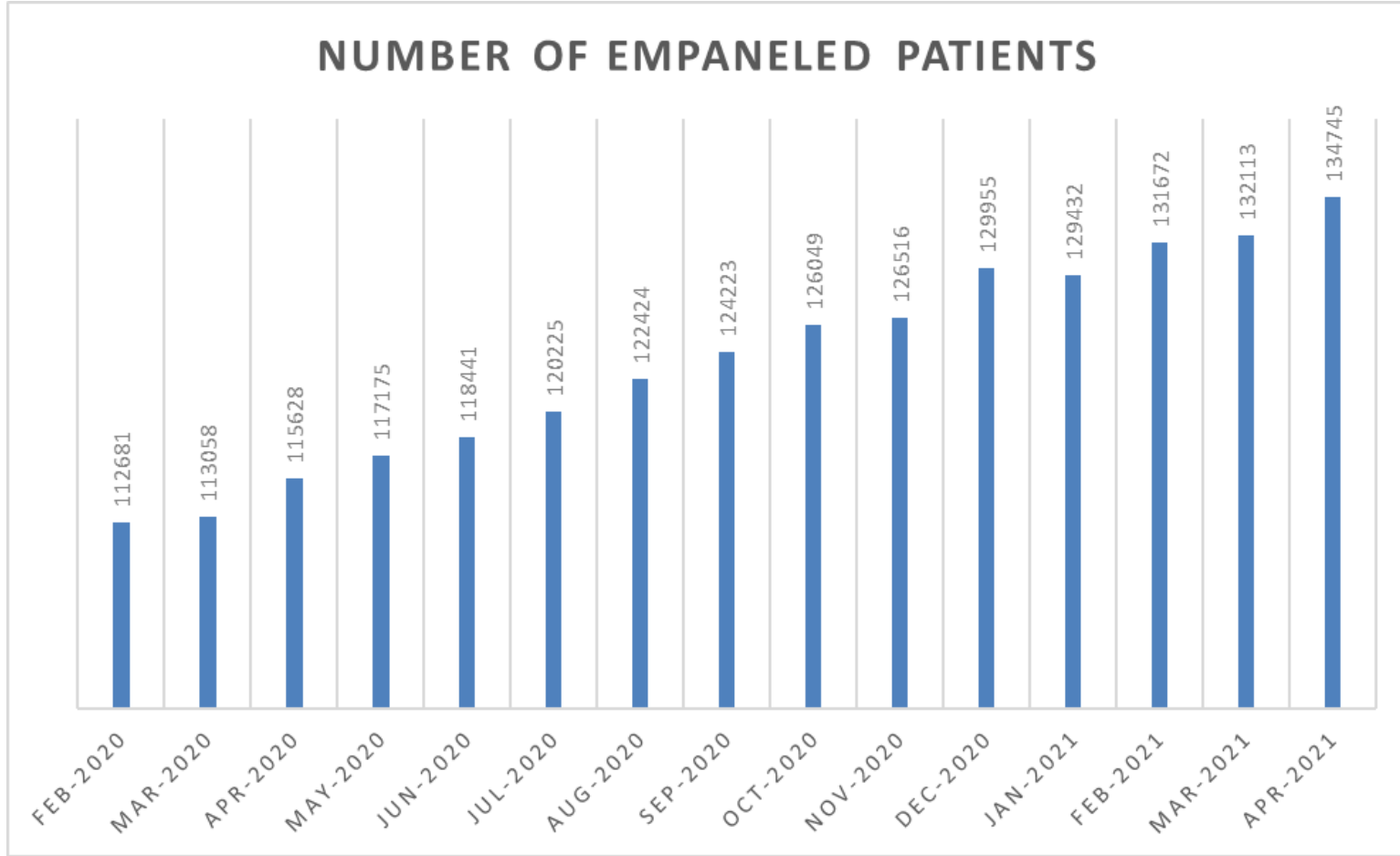


Note: District of Columbia had an estimated increase of 72%; South Dakota had an estimated decrease of –4%.

Data: Jan.–Aug. 2019 final totals: CDC WONDER; Estimated Jan.–Aug. 2020 totals: Calculations based on National Vital Statistics System [Provisional Drug Overdose Death Counts](#), CDC WONDER.

Source: Jesse C. Baumgartner and David C. Radley, “The Spike in Drug Overdose Deaths During the COVID-19 Pandemic and Policy Options to Move Forward,” *To the Point* (blog), Mar. 25, 2021.

<https://doi.org/10.26099/gyf5-3z49>



Empaneled Patients

Number of empaneled patients has increased by **22,064 patients** since the beginning of the pandemic

QIP Metrics

QIP Projects	QIP Metrics	Rate as of 12/31/2020	PY4 Target	# Patients to Meet Target	PY4 25th percentile	PY4 90th percentile	Denominator Population
Primary Care Access & Preventive Care	Chlamydia Screening in Women (16-24yo Total)	65.71%	66.3%	13	51.3%	71.4%	2231
	Childhood Immunization Status (CIS 10)	49.50%	49.8%	4	30.2%	52.1%	1196
	BMI, Weight Assessment & Counseling for Nutrition	74.93%	76.5%	189	71.3%	90.80%	11783
	Lead Screening in Children	69.76%	71.5%	21	63.5%	86.6%	1217
	Breast Cancer Screening	66.33%	66.6%	22	52.9%	69.2%	7487
	Cervical Cancer Screening	61.49%	62.6%	222	55.2%	72.7%	19768
	BMI Screening and Follow-up	55.60%	41.1%	4318	55.6%	95.7%	29773
	Colorectal Cancer Screening	54.32%	55.3%	140	31.1%	64.1%	14272
	Tobacco Assessment and Counseling	Rate2 31.28%	37.3%	1678	6.7%	92.0%	27956
		Rate1 97.98%	97.0%		79.9%	97.0%	5039
	Influenza Immunization	85.96%	63.0%		19.2%	63.0%	33480
	Immunizations for Adolescents	53.79%	50.9%		31.0%	50.9%	699
	Developmental Screening in the First Three Years of Life	69.19%	45.0%		15.1%	45.0%	2713
	HIV Screening Measure	84.72%	Benchmark not released		TBD	TBD	25544
	Screening for Depression and Follow-Up Plan		Data not ready yet		59.0%	92.9%	
Well-Child Visits in the First 30 Months of Life	80.14%	Benchmark not released		TBD	TBD	1626	
Child and Adolescent Well Care Visits	44.37%	Benchmark not released		TBD	TBD	22171	
Acute & Chronic Conditions	Comprehensive Diabetes Care: Eye Exam	62.06%	63.5%	79	52.1%	76.4%	5480
	Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)	29.91%	29.7%	11	46.0%	28.0%	5480
	Comprehensive Diabetes Control: Medical Attention for Nephropathy	88.30%	82.1%	340	88.3%	93.3%	5480
	Controlling High Blood Pressure	64.05%	64.9%	56	54.0%	72.8%	6901
	Asthma Medication Ratio	59.60%	61.0%	18	57.6%	73.4%	1250
	Statin Therapy For The Prevention And Treatment Of CVD	75.60%	76.4%	39	64.8%	83.2%	5458
	Heart Failure (HF): ACE/ARB/ARNI Therapy for LVSD	79.69%	80.9%	4	60.4%	92.0%	256
	HIV Viral Load Suppression	77.10%	72.3%	20	77.1%	82.2%	416
	Coronary Artery Disease: Antiplatelet Therapy	86.98%	87.4%	5	71.4%	91.0%	1198
	CAD: ACE/ARB Therapy for Diabetes or LVSD	83.81%	83.2%		66.9%	83.2%	494

QIP Projects	QIP Metrics	Rate as of 12/31/2020	PY4 Target	# Patients to Meet Target	PY4 25th percentile	PY4 90th percentile	Denominator Population
Health Equity	Health Equity metric Diabetes Poor Control	AA 34.5% Latino 33.7%	33.85% 33.13%	6 11	46.0%	28.0%	866 1782
	Health Equity metric placeholder(Well Child 3-21)	AA 35%	Benchmark not released		TBD	TBD	
Care Coordination	Plan All-Cause Readmissions		Data not ready yet		10.0%	8.0%	
	Med reconciliation post discharge (MRP)	99.14%	78.0%		44.0%	78.0%	2200
Maternal/Perinatal Health	PC-02: Cesarean Birth	18.04%	22.0%		24.3%	22.0%	521
	Prenatal and Postpartum Care (Postpartum Care)	99.87%	84.2%		71.3%	84.2%	756
	Prenatal and Postpartum Care (Timeliness of Prenatal Care)	91.53%	92.0%	4	84.2%	95.9%	756
	Exclusive Breast Milk Feeding (PC-05)	72.41%	72.8%	1	48.2%	75.9%	116
Behavioral Health	Concurrent Use of Opioids and Benzodiazepines	5.71%	9.2%		14.7%	9.2%	1454
	Use of Opioids at High Dosage in Persons Without Cancer	2.63%	3.4%		4.7%	3.4%	1066
Experience of Care	Advance Care Plan		Data not ready yet		18.7%	91.0%	
Overuse Appropriateness	Use of Imaging Studies for Low Back Pain	90.59%	82.0%		71.3%	82.0%	1020
	Appropriate Treatment for Upper Respiratory Infection	91.41%	91.6%	7	85.6%	93.5%	3072
	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	60.67%	61.1%	2	45.1%	65.3%	417
Patient Safety	Perioperative Care: VTE Prophylaxis	99.33%	92.0%		47.6%	92.0%	745
	Prevention of CVC - Related Bloodstream Infections	93.67%	92.0%		44.9%	92.0%	158

Adult Chronic Care Measures

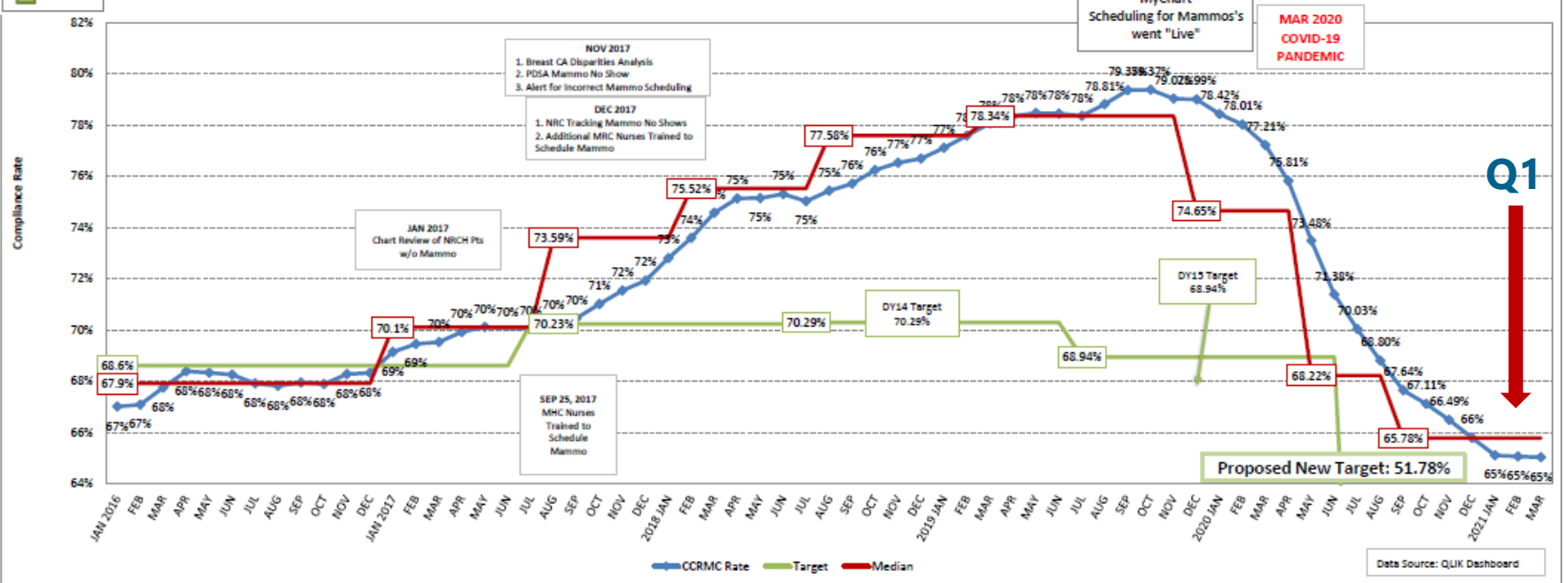
- 1/3 of Californians who had an urgent health problem unrelated to COVID-19 and wanted to see a physician did not receive care, according to a poll of 2,249 adults conducted last summer by the California Health Care Foundation. Half of those surveyed didn't receive care for their nonurgent physical health problem
- <https://www.nbcnews.com/health/health-news/10-000-more-cancer-deaths-predicted-because-covid-19-pandemic-n1231551>

Cancer Screening

Breast Cancer Screening



Breast Cancer Screening

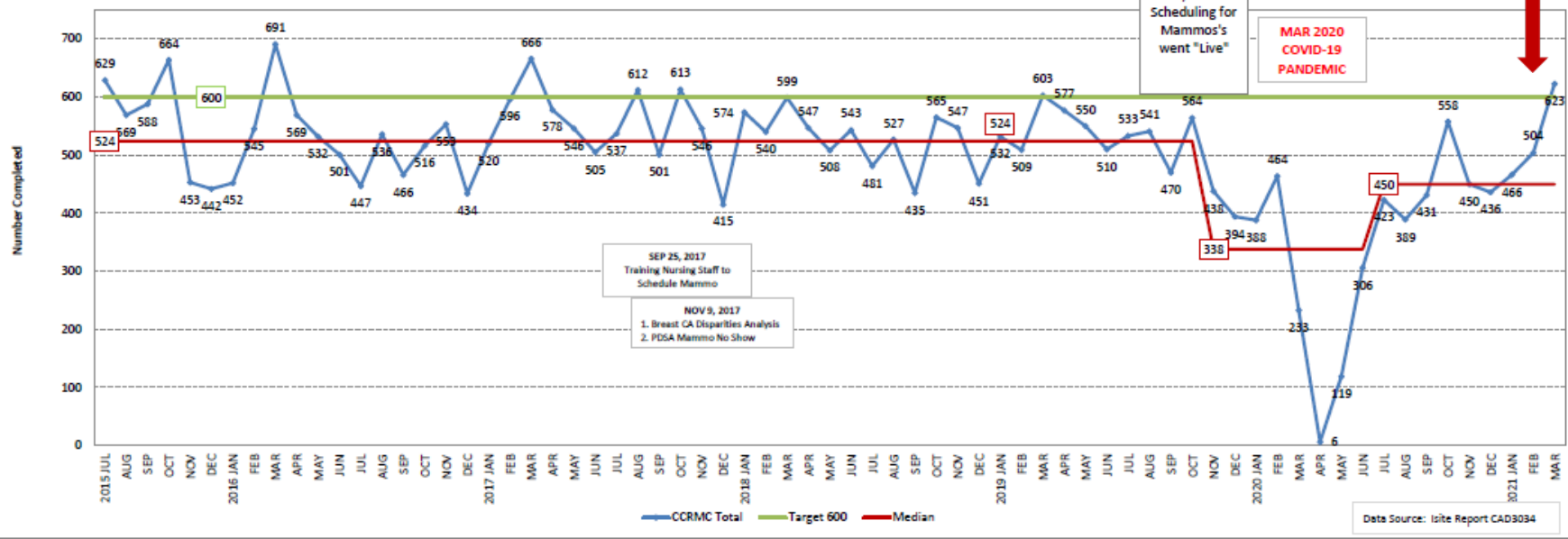


Completed Mammograms

Q1



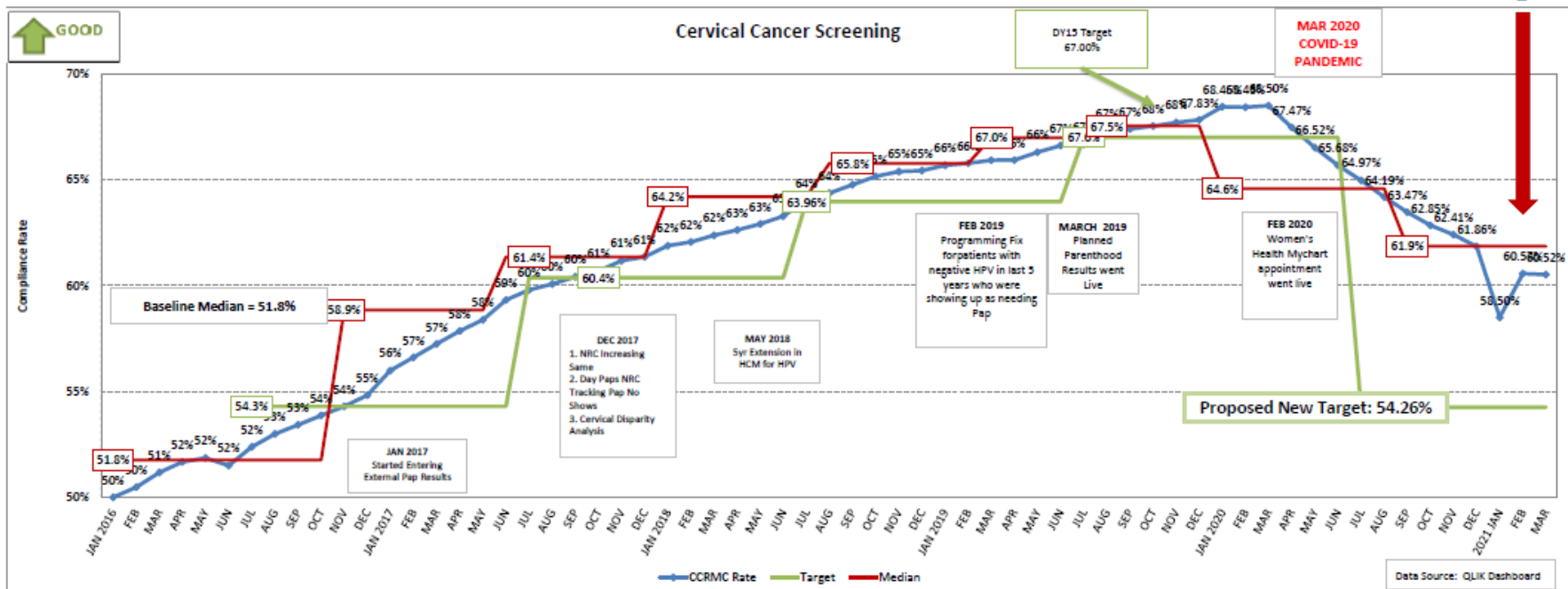
CCRMC Completed Mammograms



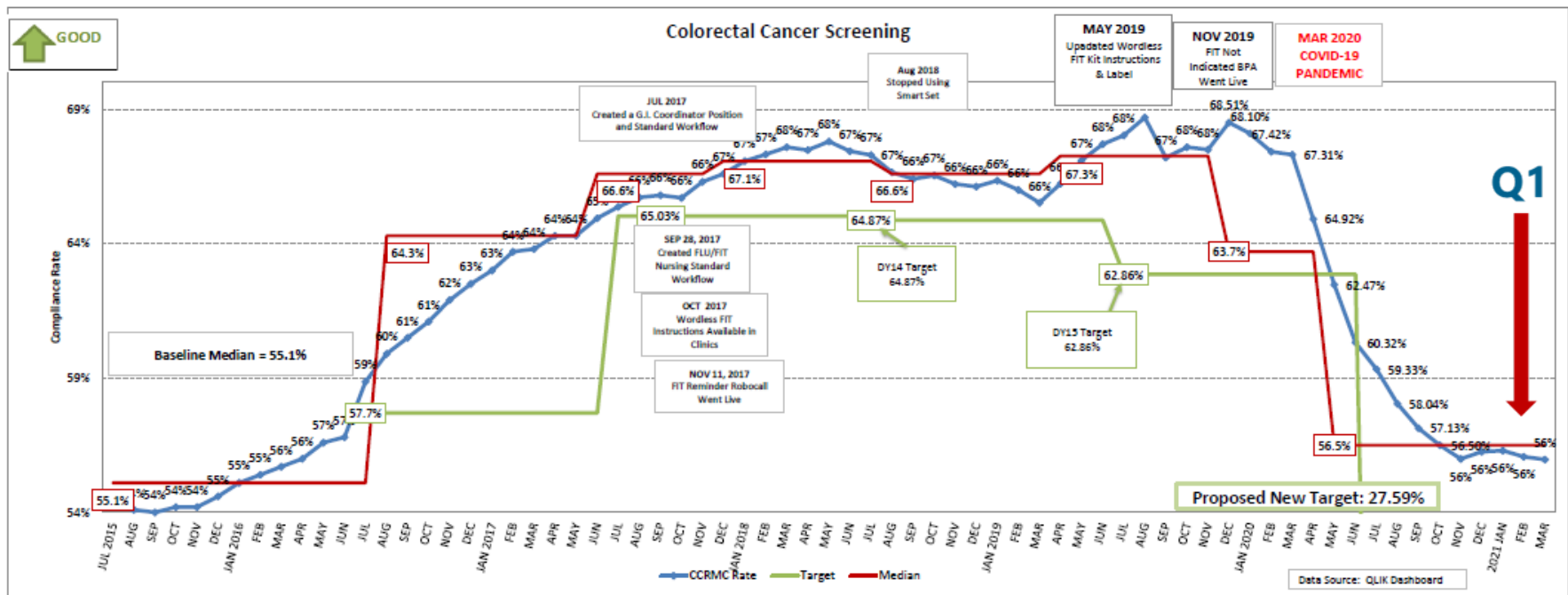
Data Source: Isite Report CAD3034

Cervical Cancer Screening

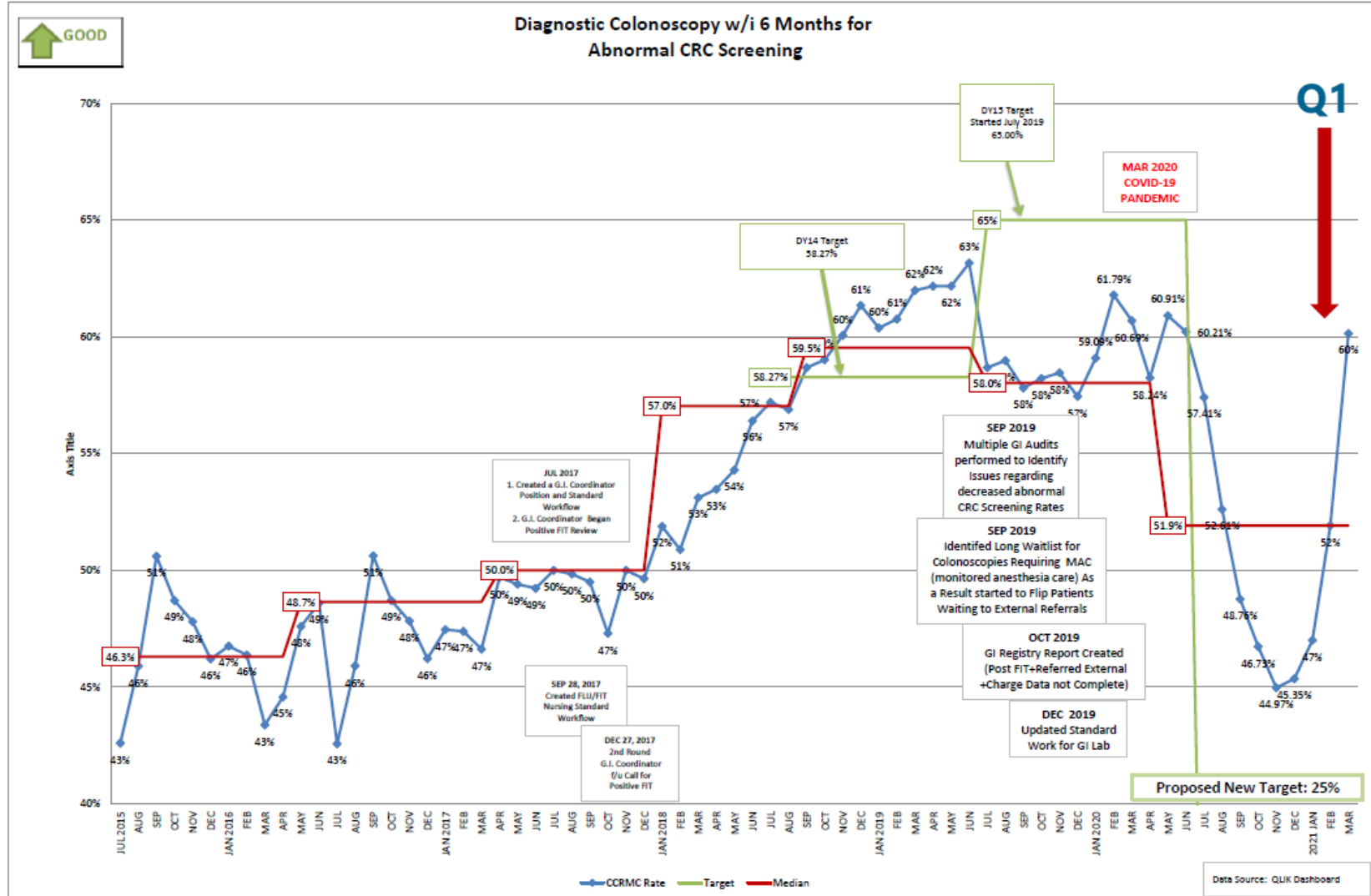
Q1



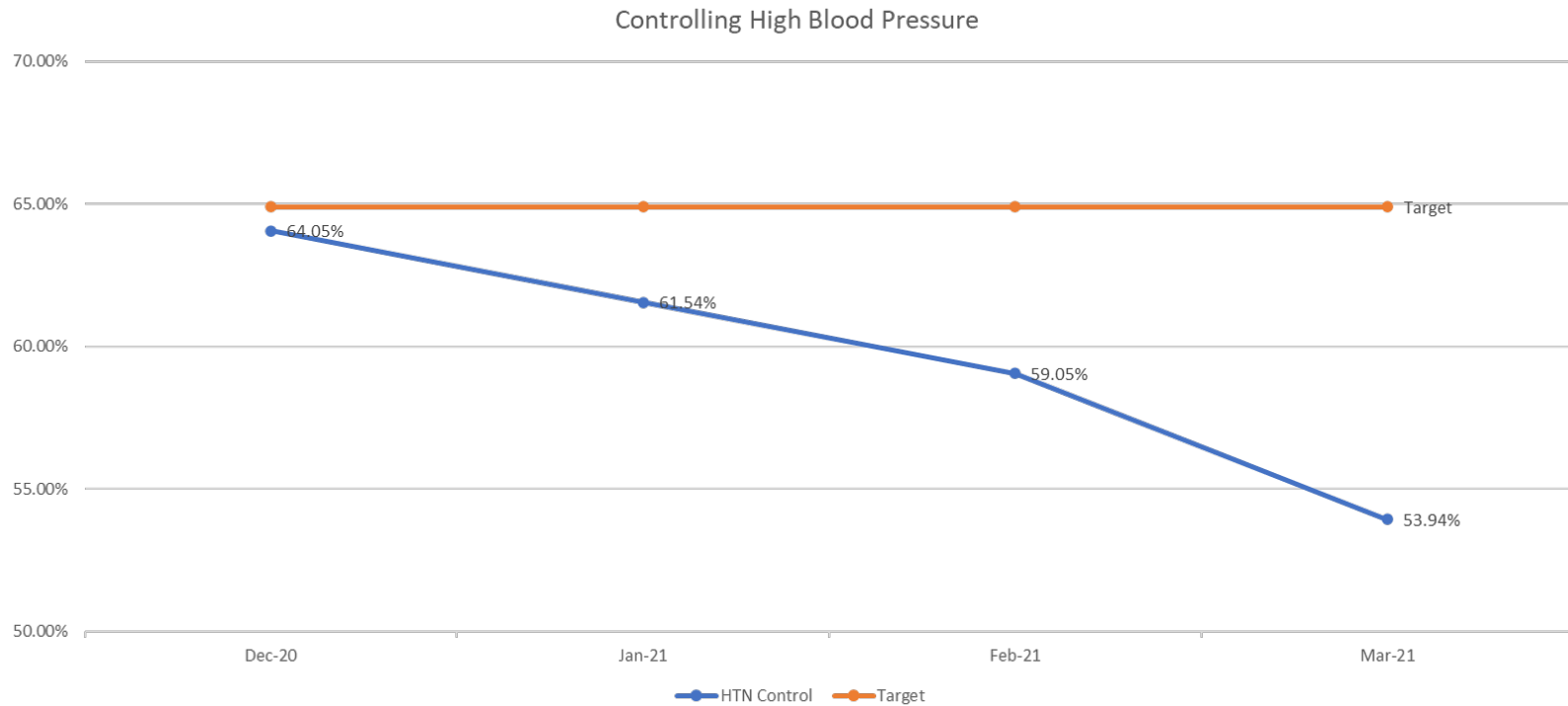
Colorectal Cancer Screening



Diagnostic Colonoscopy

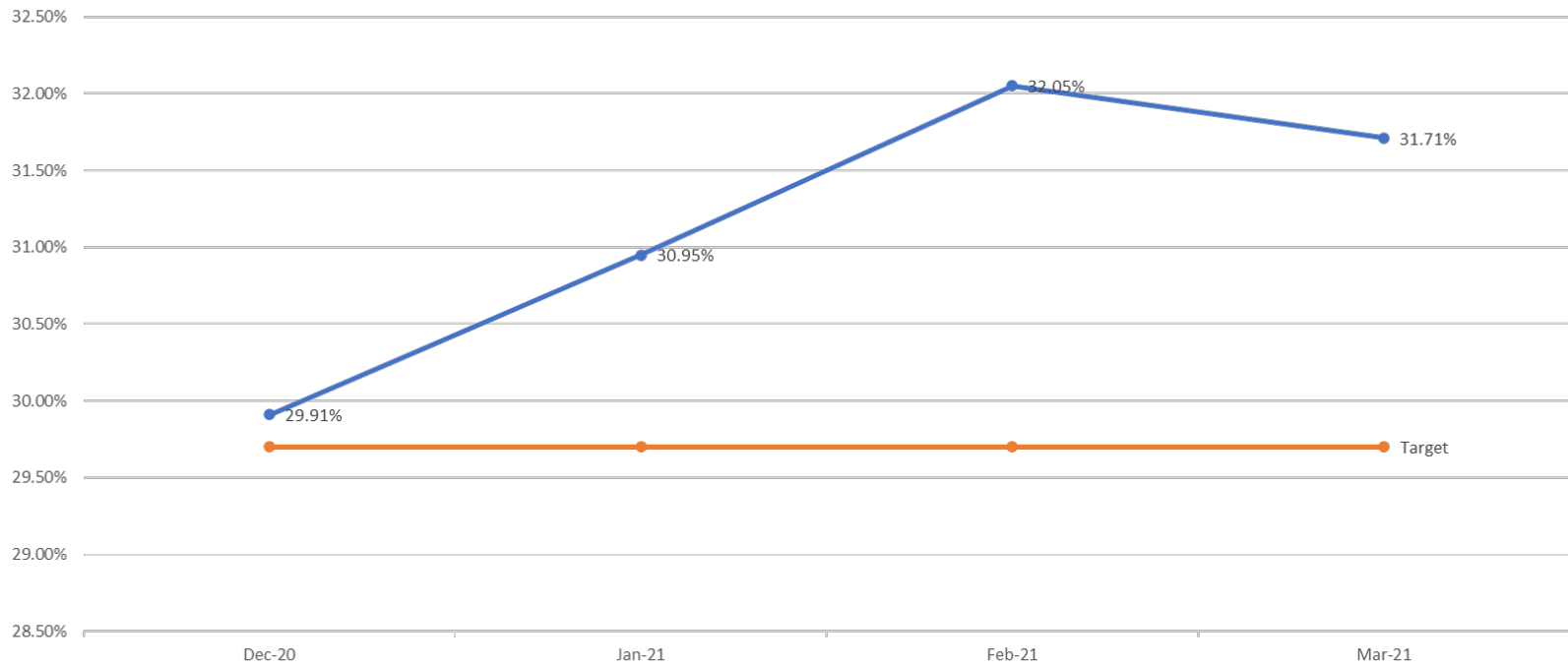


Blood Pressure Control

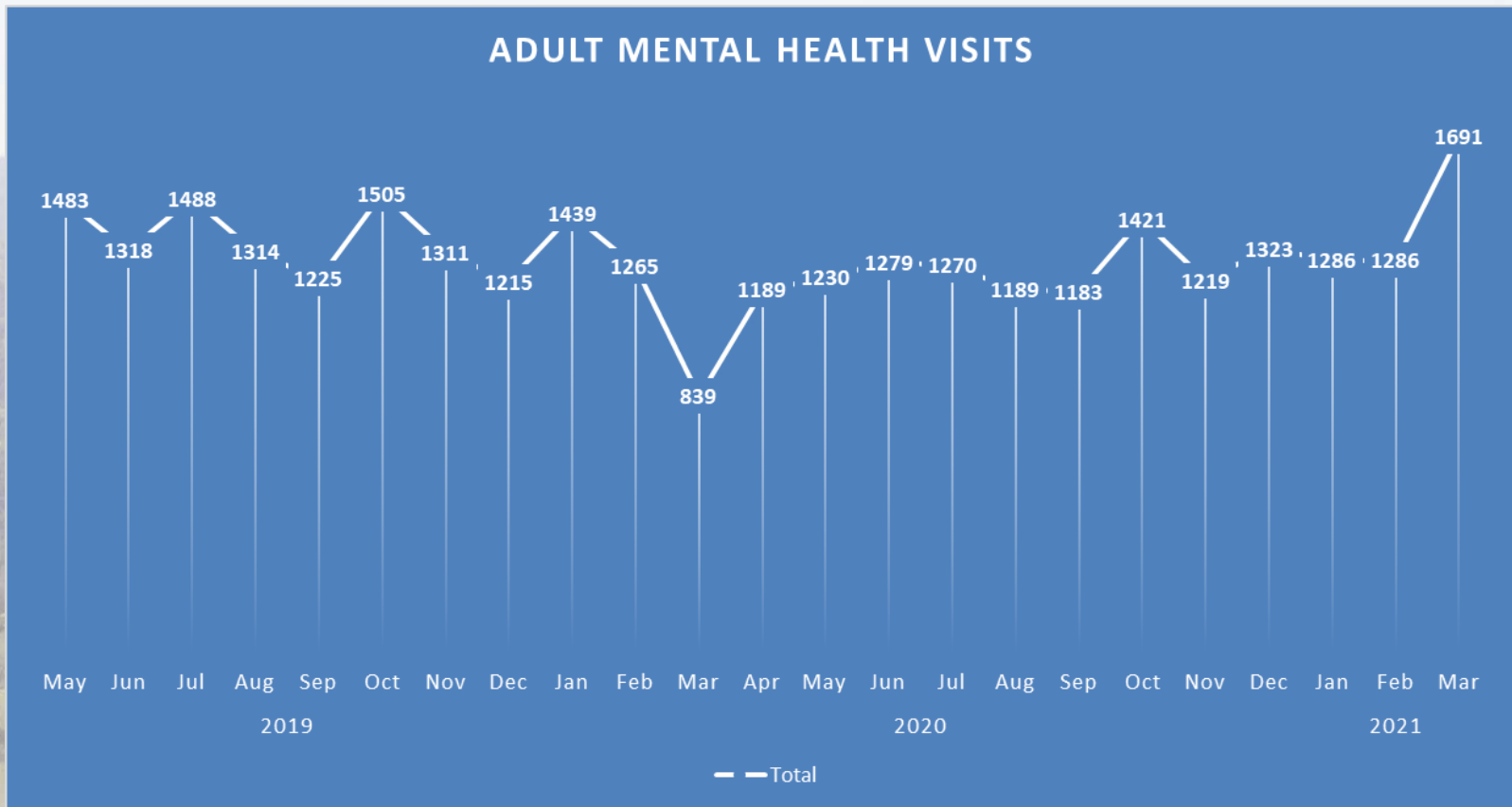


Diabetes Care

Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)



Adult Mental Health



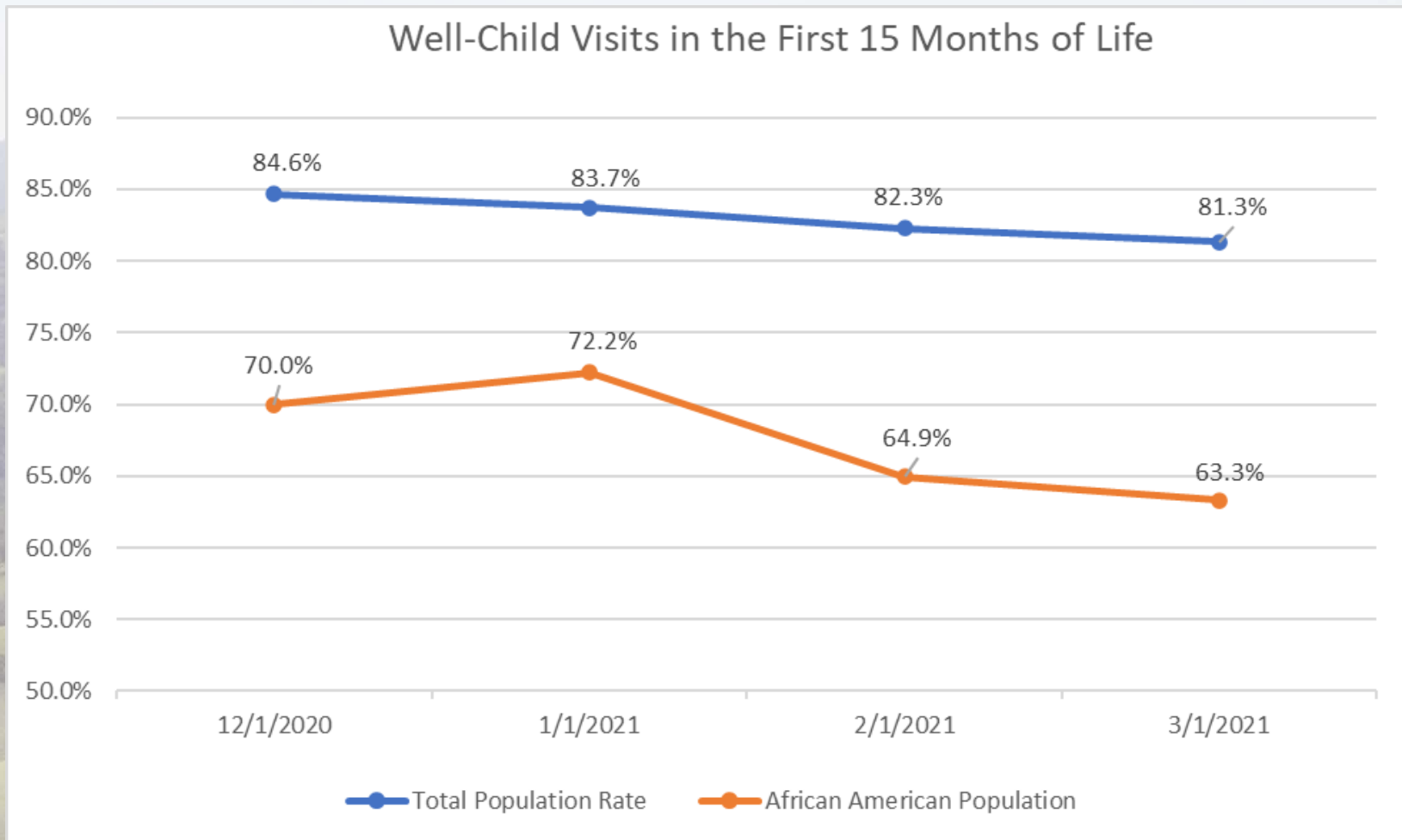
Dentistry (all ages)

DENTAL VISITS

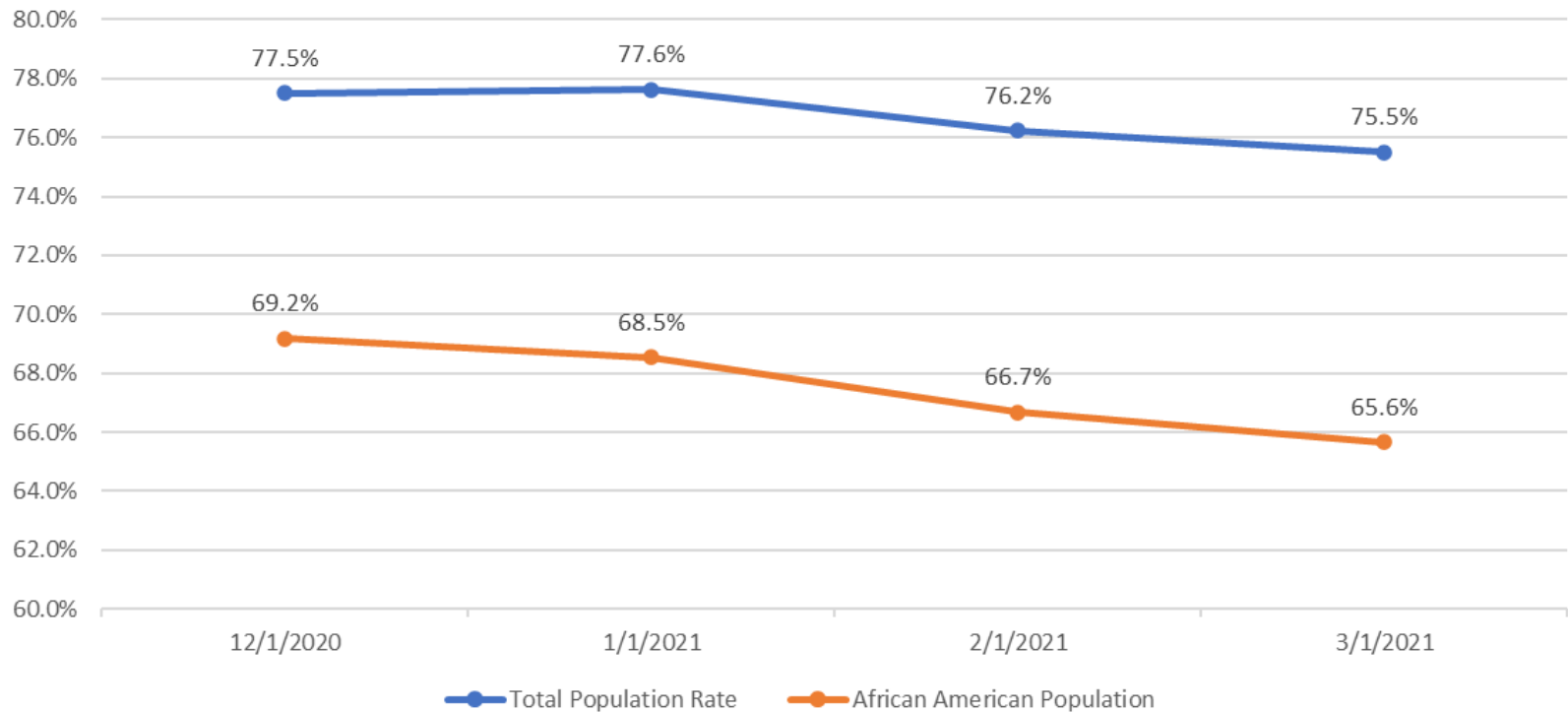


Pediatric Care

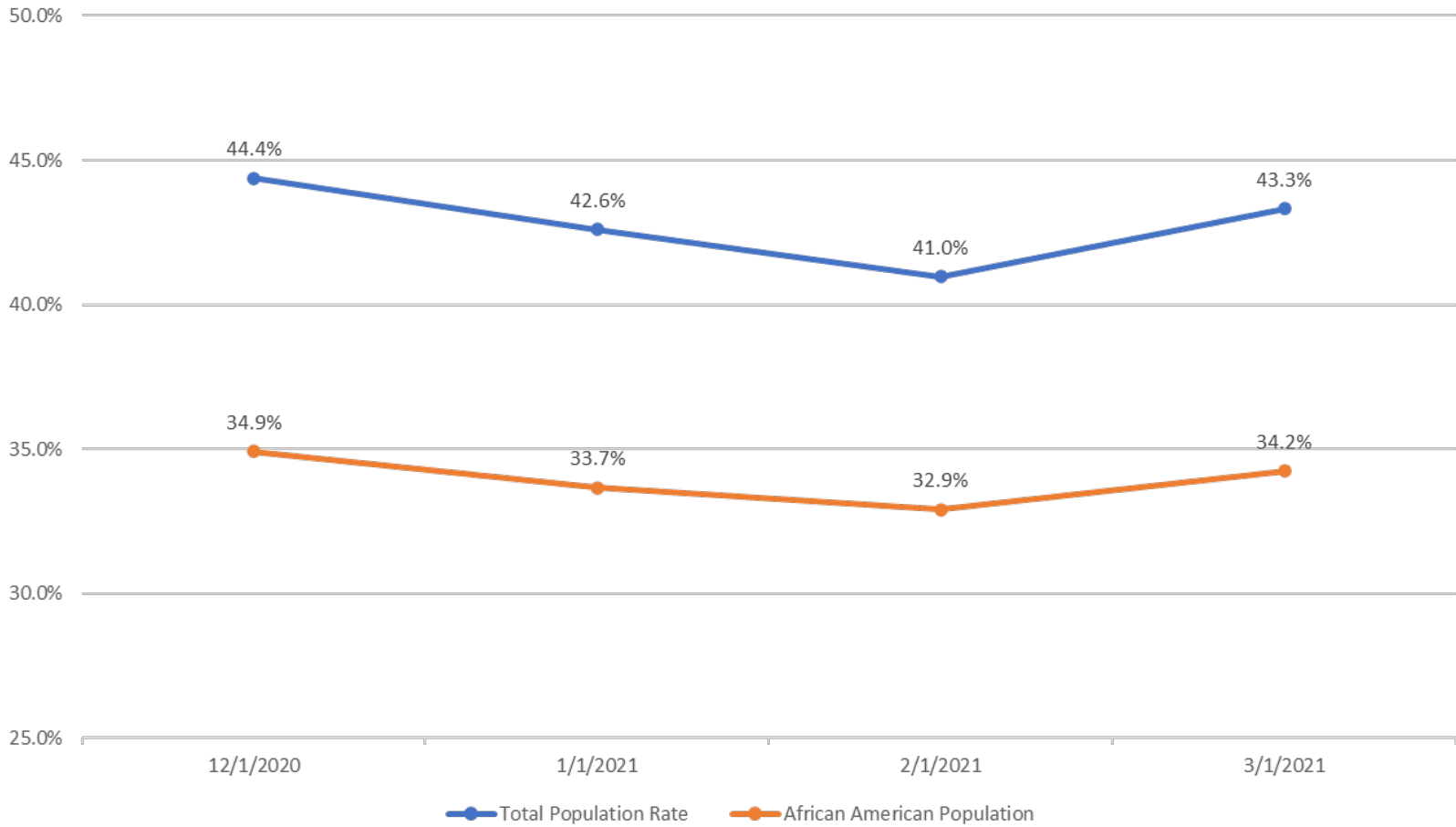
Well-Child Visits



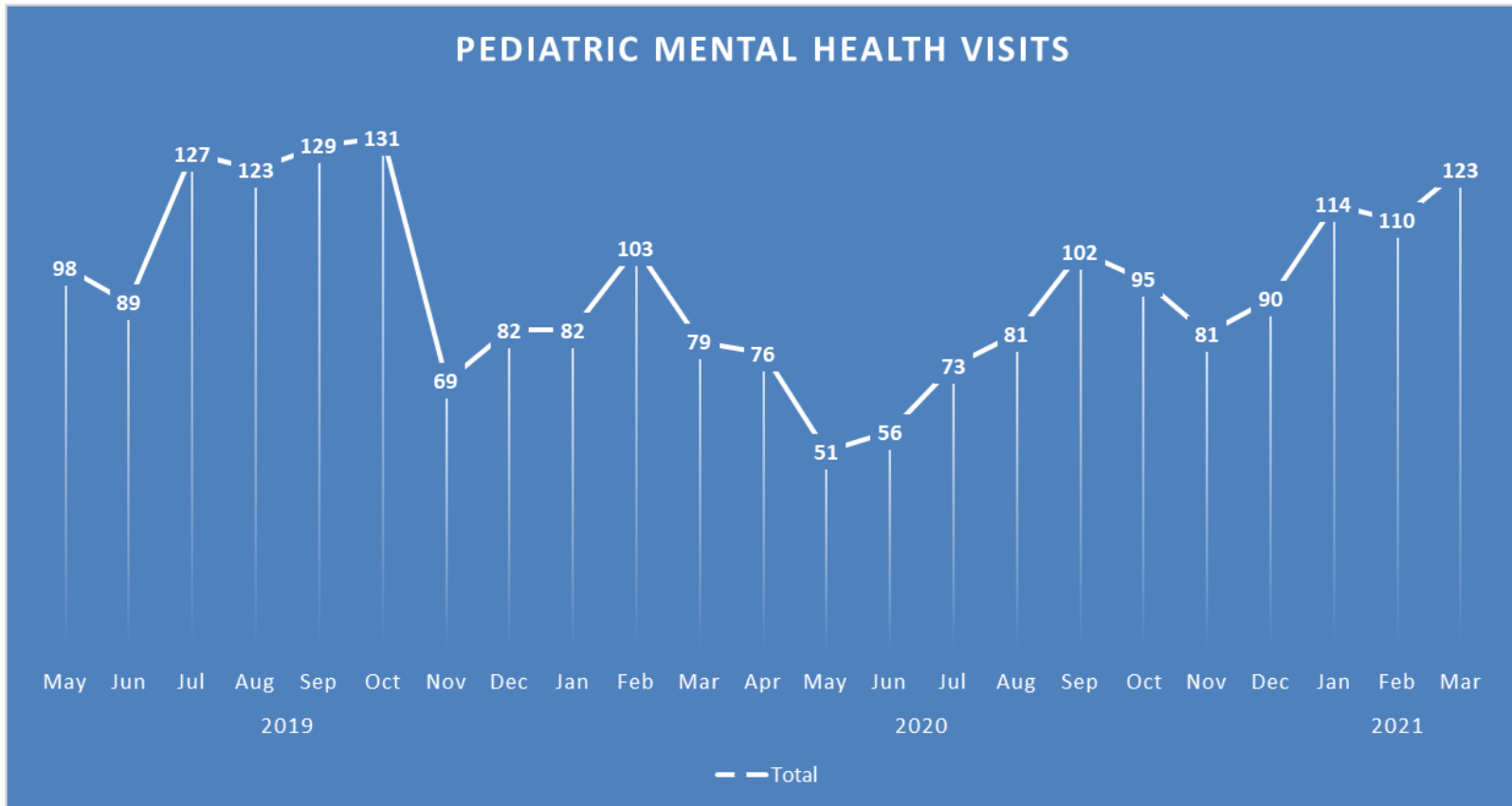
Well-Child Visits in the 15-30 Months of Life



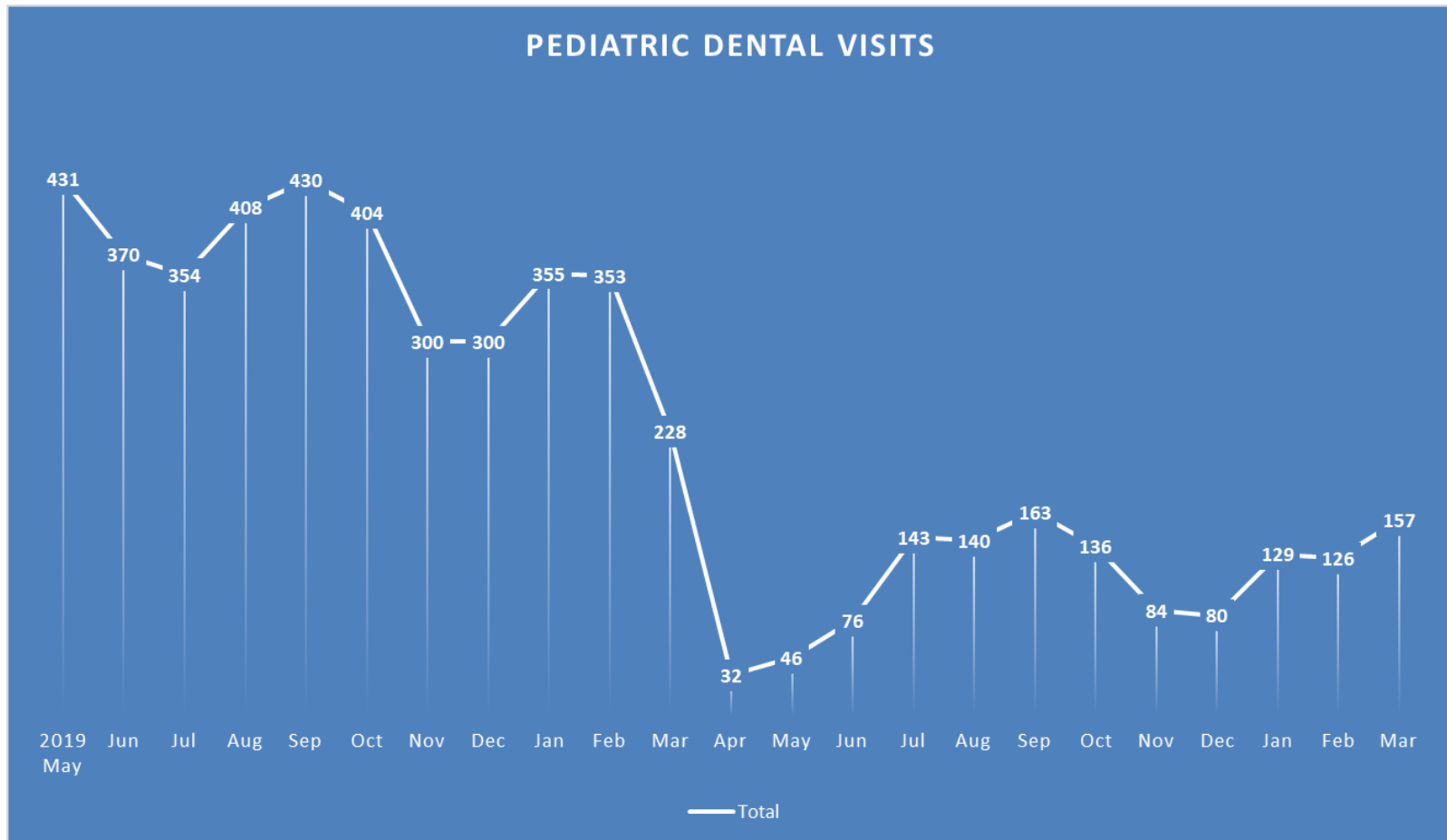
Child and Adolescent Well Care Visits(3-21 years old)



Pediatric Mental Health



Pediatric Dental Care



Next Steps

- Continue to partner with the Health Plan on population level health care including outreach
- We are working with PIO office to reach out to thousands of patients that have not sought care for >12 mo (about 20K patients)
- Mass childhood immunization efforts, like for influenza
- Return of women's health, school-based and dental vans to care delivery
- Hire primary care providers to increase access to primary care

Next Steps

- Bringing staff back to work that have been out
- Redeploy nursing resources from COVID response back to all other health care needs
- Increasing in-person clinics. The demand for telehealth is not pronounced, particularly for pediatric patients
- Robust teamwork is needed to improve many of the QIP metrics that are in the red at this time
- Ability to expand MAT to non-face to face encounters and for NP's to prescribe



PSPIC Highlights Jan '21 – Apr '21

Joint Conference Committee

May 2021

Dr. Sonia Sutherland

SAFETY



- **Healthcare Associated Infections**
- **Hospital Acquired Conditions**
- **Health Outcomes**
- **Timely Access**
- **COVID Response**

Healthcare Associated Infections

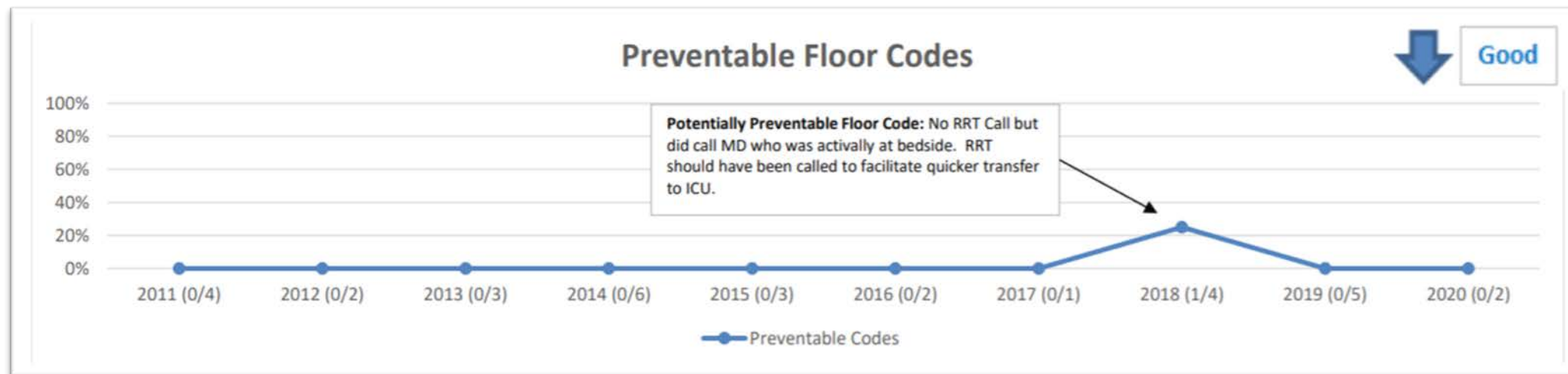


2020

Measures	Target	Current Data
CAUTI	ZERO	ZERO
CLABSI	ZERO	ZERO
SSI Hysterectomy	ZERO	ZERO
VRE	ZERO	ZERO
CRE	ZERO	ZERO
MRSA	< NHSN Predicted of 1.920	0.521 SIR
C Diff	< NHSN Predicted of 11.341	0.353 SIR
SSI Colon	ZERO	2 64 Surgeries

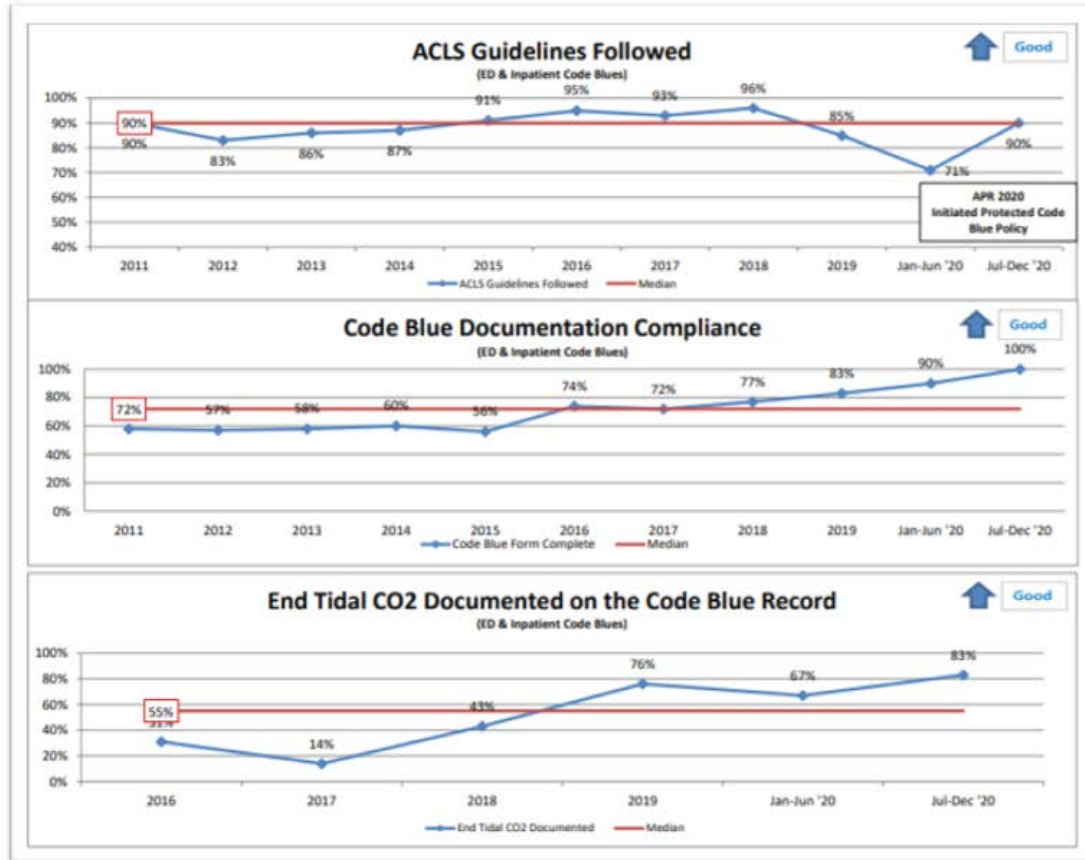
Health Outcomes

Code Blue



Since 2011, only one possible Preventable Floor Code
Rapid Response Team Safety Initiative launched in U.S. 2007

Code Blue

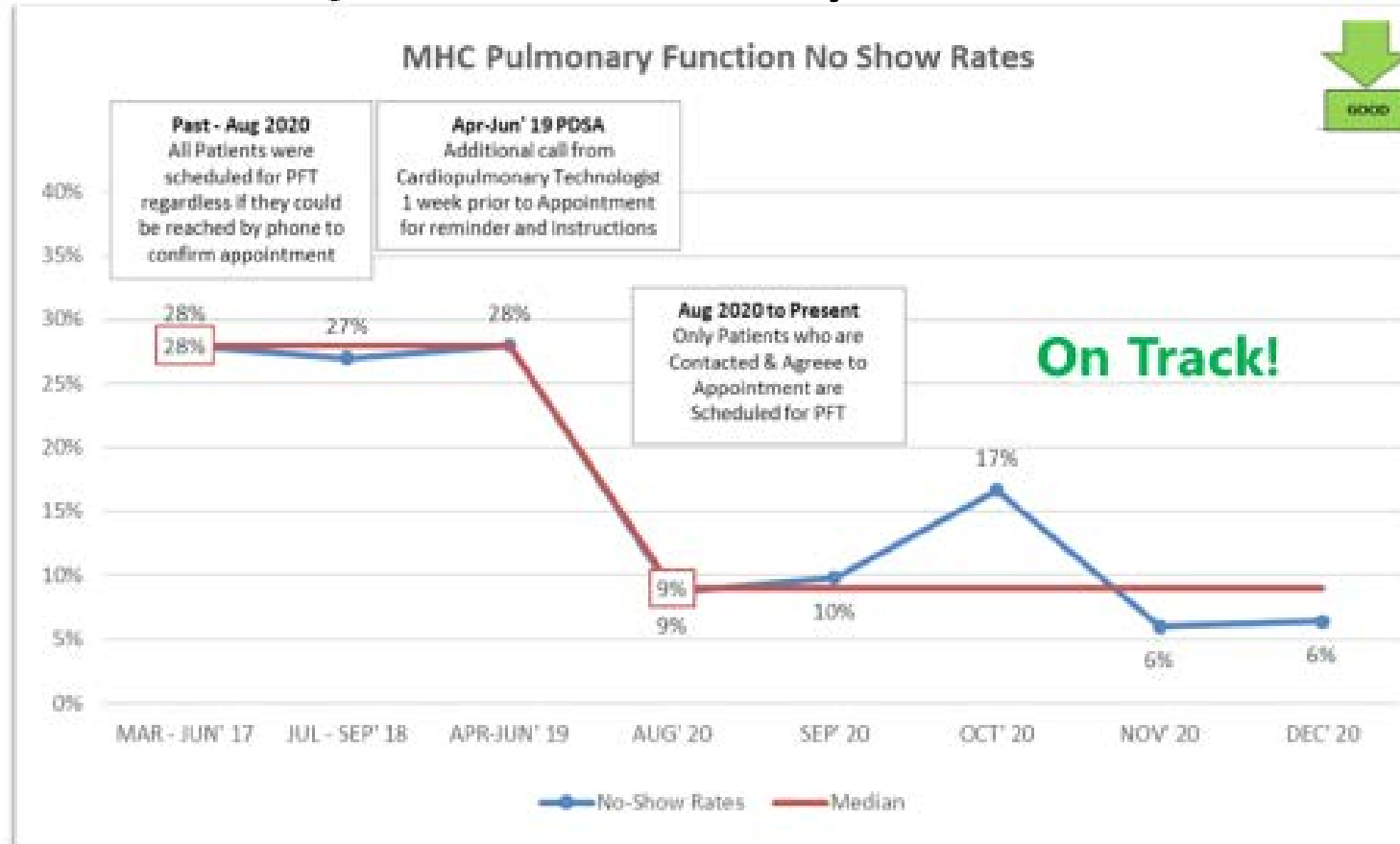


Actions: ACLS Guidelines
Monthly Code Blue Simulation Training;
MD Team Leader receives timely feedback; **Metric Measurement Updated** to reflect new Covid era Protocols

Actions:
End Tidal CO2 Documentation
Respiratory Dept. Completed ETCO2 Assembly training and Management feedback Expectations; **MD Team Leader** will ask the RT to "Call Out" ETCO2 level; Recorder will document during mock codes; Code Blue Critique Form updated-Was ETCO2 Documented?
Additional bedside ETCO2 Modules

TIMELY ACCESS

Pulmonary Lab



Covid Updates: Ambulatory Cardiopulmonary Technologists cross trained in acute care to support Covid Surge

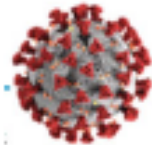
TIMELY ACCESS

Physical/Occupational/Speech Therapy

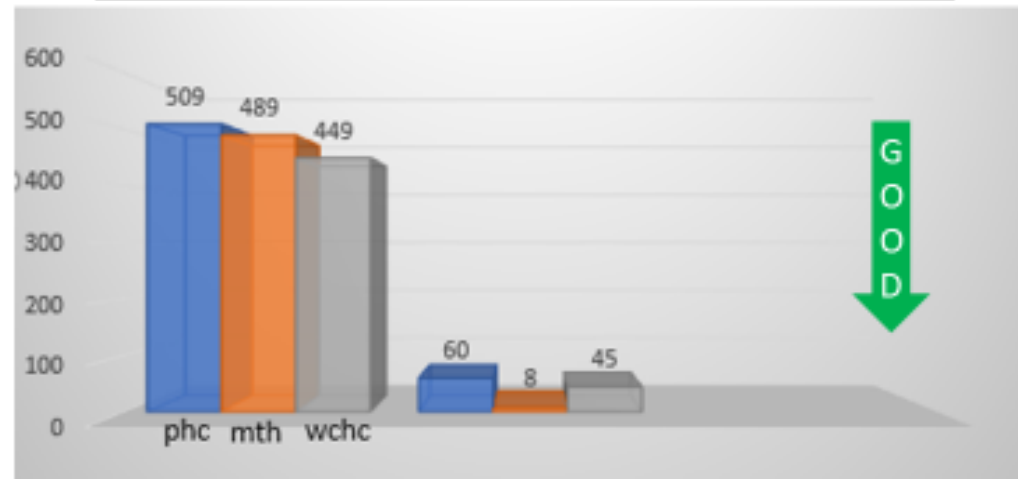
- **AIM/Goal**

- Reduce No show rate
- Reduce days to first visit for all urgent patients

- **Covid & Rehab Services**



Reduction in patients waiting to be seen

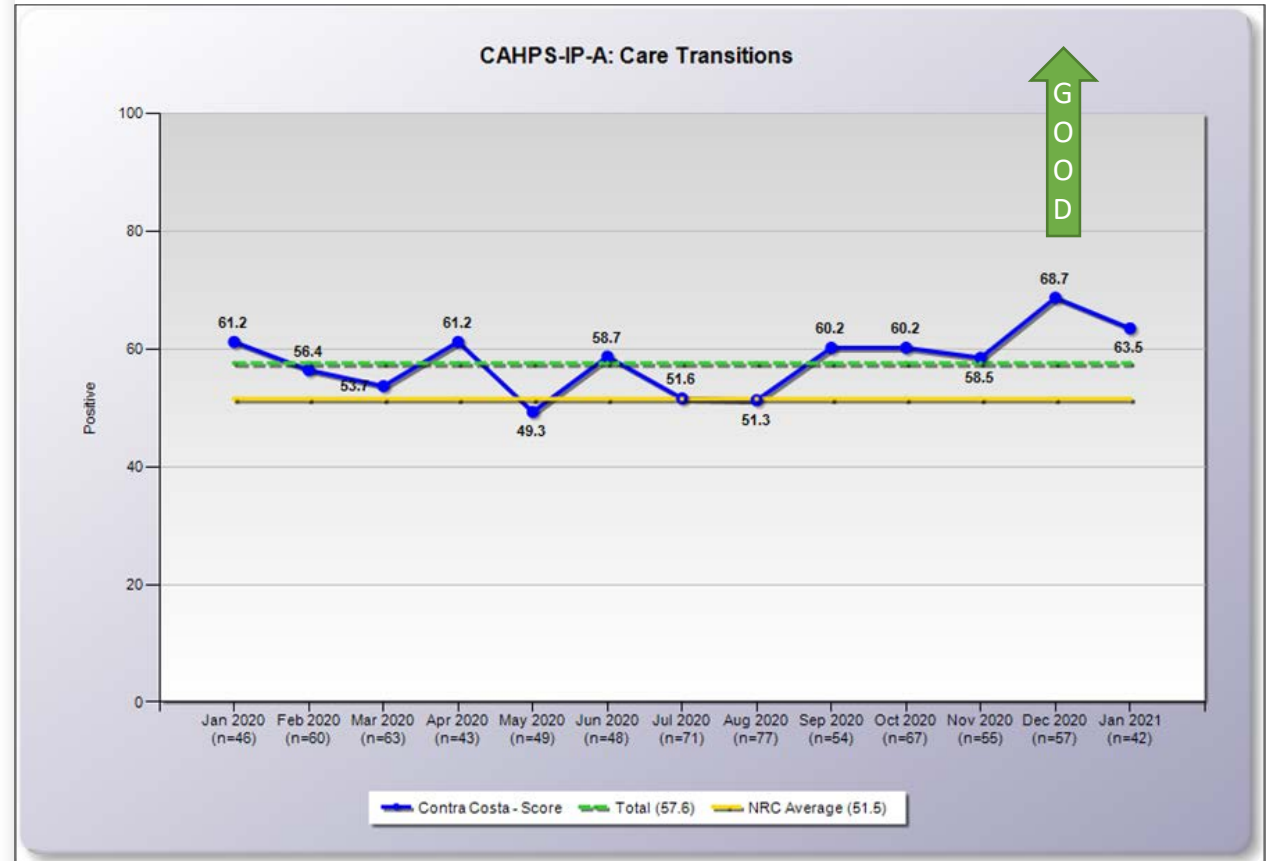


Shout Outs: Rehab Department proactively initiated Medicare Telehealth visits before any other local clinics & before they were approved by CMS. Retroactive billing. Decreased department meetings & increased clinical time. Transportation info for patients.

Healthcare Experience

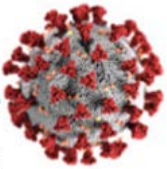
Hospital Patients

- **PRIME Target Sustained:**
- **Tell Me 3**
- **Patient Preferences/Choice**
- **We're Listening**
- **Physician Bedside Discharges**
- **Post-Discharge Calls**
- **Walk Rounds**



Sustained Performance

March 2020



COVID Response

One-Year Anniversary

CONTRA COSTA HEALTH SERVICES
WELLNESS TIPS

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

Vol. 1, Issue 1, <http://bit.ly/2020Wellness>

CELEBRATING THE 1ST ANNIVERSARY OF COVID WELLNESS, MARCH 2021

We are pleased to share with you a few memorable highlights of the roll-out of the Wellness Tips immediately during the outbreak of Covid-19 and throughout the height of the pandemic for Year 1. For Year 2, we are expanding our Wellness offerings with exciting new activities that can support you at work and at home. *The CCCHS Wellness Team would like to thank you for welcoming us and encouraging a culture of wellness in our organization.*

YEAR 1

- 72 Covid Wellness Tips
- 489 Views: Most Popular Tips, Love is the Only National Act
- 25 Screeners
- 2,939 Wellness SharePoint Views
- 1 Poster
- 177 Wellness Influencers
- 100 Completed Wellness Survey 8/20

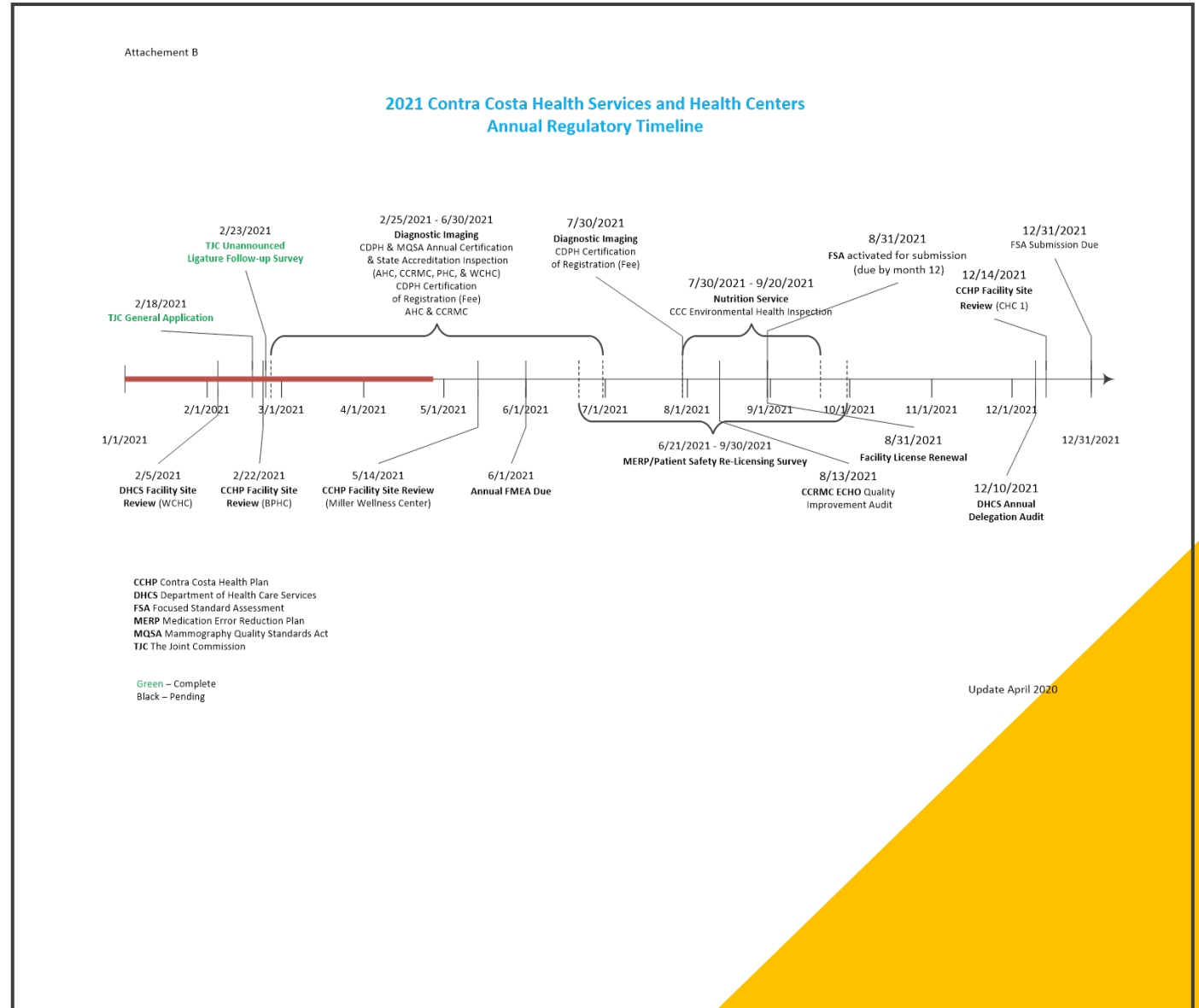
YEAR 2

- Community Art Mural
- Recorded Wellness Videos
- Expressive Arts Workbook
- Wellness Zoom Sessions, Mondays, 4:10 PM
- CCHealth.org Wellness Tips Launch <https://cchhealth.org/wellness>

We care about you. Thank you for all the wonderful things you do here at work. We welcome your Bright Spots, videos, and heartwarming ideas. We are distributing more Wellness Kits at this time (available while supplies last). Please contact COVIDWellness@cchhealth.org. Team Members: Patricia Aguirre, Amanda Dohi, Patricia Henagan, Victoria Morley, Brian M. Johnson, Kristin Mueller, Kimberly Nason, Sarah Shah, Susan Sutherland, Arlene Yoneda.



Safety Compliance





Joint Conference Committee – PSPIC Report
Meeting Date: 5/3/21 Presented By: Dr. Sonia Sutherland

Quality and Safety Updates

Patient Safety and Performance Improvement Committee
Meeting Highlights Jan '21 – Apr '21

PSPIC Summaries Attached:

February – April 2021. Note: January '21 PSPIC Cancelled due to Covid Surge in January.

Executive Dashboard Attached:

- 2020 Healthcare Associated Infections
- Cardiopulmonary
- Code Blue
- Colorectal Surgical Site Infections
- Covid Command Center
- Donor Network Organ & Tissue
- ED Safety & Quality
- Grievances
- Med Safety
- Patient Experience/Care Transitions
- Perioperative Services
- Perinatal Safety
- Psych Safety
- Rehab
- Regulatory Report
- SERS

Annual Reports:

Grievances, Periop Services, 2020 Healthcare Associated Infections, Medical Error Reduction Plan (MERP), Perinatal Safety, and COVID Wellness Survey

Regulatory Timeline

Confidential 1157 Protection – Patient Safety Work Product

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



PATIENT SAFETY AND PERFORMANCE IMPROVEMENT MEETING NOTES, FEB 2021

Our Feb. 18, 2021 PSPIC Meeting was very informative. Thank you for the **prep work, timely submission of your reports, and succinct and clear project presentations. We also recognize everyone's good faith and consistent efforts** in developing, maintaining, and demonstrating evidence of effective, ongoing data-driven quality assessment and performance improvement projects that are related to improved health outcomes and reduction of medical errors **for review by CMS as a condition of our participation. CFR 482.21**



COVID COMMAND CENTER – Shannon Dickerson: Met Target: Procure 120-day supply of all PPEs and Par Level 30-day supply. Surge Levels have gone down, and positive admissions are declining. 4A closed on 2/17 night due to low census. Vaccinated 1A Healthcare and Detention, Planned Parenthood and Sheriff's Office workers. 5 Vaccine Sites. Vaccinating Phase 1A, 1B aged 65+. Current issue: decreasing vaccine supply from State. 2/23 onwards will be 2nd shots.



Shoutouts: Pharmacy for working tirelessly in reconstituting the vaccine; **Leah Carlon** for working with pharmacy to get the doses where they need to go; **Helena Martey and Roberto Vargas** for transporting the vaccine supplies to the sites.

CODE BLUE – Grace Ma: On Track Measures: Code Blue Rate; Survivor Rate; All Inpatient Code Blues; Resp vs. Cardiopulmonary Codes; Preventable Floor Codes; RRT Calls; RRT Calls Transferred to Higher level of Care. Interventions: Tiger Text to physician for review; protected code blue video; parameter revisions; documentation. End Tidal Co2 is still 7% below goal and is in progress **Shoutouts: Drs. R. Lee, B. Dyer, & B. Porteous** for expertise. **5D Staff** for documentation; **Educators-** protected code blue video.

INFORMATICS SAFETY – Dr. Troy Kaji: Aged 65+ BPA was turned off 02/18 due to limited vaccine supply. **ccLink Interventions:** Building specialty referral for straight Medicare patients. Safe-guards Vit. D (50K/6wks) & B12 Rx fixes. **Shoutout: Dr. Adam Buck** mapping lab results to generate monitoring alert for providers.



MED SAFETY – Adeebah Fakurnejad: Current Med Error Rate, MERP Scale Level (temporary harm needing intervention): 1 event due to elevated Vancomycin level and Acute Kidney Injury for patient. Educated pharmacist & talked to the provider. Report follows.



PSYCH SAFETY – Drs. Tarun Bhandari & Stephen Fields: Met/Exceeded Target of 20% Decline in total SERS for Patient Aggression and Assault for 2020. IP Psych: 16% decrease; PES: 47% Decrease. **Interventions:** Saturation Plan, improved staff-patient ratio, regular meetings to track aggressive acts, and 4D opening. Covid Test all pts.

Jan-Dec	IP Psych	PES	Both
2019	64	62	126
2020	54	33	87
%	▲ 16%	▼ 47%	▼ 31%

Shoutouts: PES and Inpatient Staff for dealing with the pandemic; **Infection Control** for supporting us; **Dr. Sergio Urcuyo** for hands-on problem solving; **Ngozi Emenalom** for managing the unit; **Anne Staunton** for organizing.



REHAB – Karen Lloyd, Terri Knight, & Luriza Bankston: Reduced “No Show” rates and Reduced days to first visit for all urgent patients. Interventions: Called patients before the appointment; included Contra Costa Transport # on AVS; provided equipment cheat sheet to providers; saw late arriving patients; reduced meetings by 70% to see patients. **Shoutouts: Rehab** proactively initiated ST, OT, PT Telehealth Visits before they were approved by Medicare and was able to retroactively bill for services prior to approval.

SERS MONTHLY- Dr. Sonia Sutherland: Continue to **enter staff safety concerns in SERS & Managers immediate follow-up**



*CMS Condition of Participation, Quality Assessment and Performance Improvement Program. Safety Work Product under 42 U.S.C. 299B-24. It is meant to be shared within CCHS only. Please send your questions/comments/feedback to Sonia.Sutherland@cchealth.org.



PATIENT SAFETY AND PERFORMANCE IMPROVEMENT MEETING NOTES, MARCH 2021

Our March 18, 2021 **PSPIC Meeting** was a clear indication that we recognize safety and inspire actions to improve the safety of our healthcare system. This is aligned with the focus of the **Patient Safety Awareness Week**, March 14-20, 2021 this year by IHI. **Thank you** for continuing to enter **SERS** issues and documenting your follow-up/resolution immediately. We **appreciate you** as well for sharing your performance improvement projects for review by **CMS as a condition of our participation. CFR 482.21**. CA Code 1157, For CCRMC/HC use only. Contact: Sonia.Sutherland@cchealth.org.



COVID COMMAND CENTER, Shannon Dickerson Sergio Urcuyo MD: Met Target: 120-day supply of all PPEs and Par Level 30-day supply. Received Fed allocations of vaccine this week increasing appointments at all vaccine sites – MWC, PHC, WCHC, CHC, BPHC. Weekly objectives for Incident Assessment and Plan: safely provide ambulatory care services during Covid; implement plan to test all asymptomatic patients coming to CCRMC incl L and D and Inpatient Admissions; test all asymptomatic PES patients; Detention: maintain testing all new bookings for Covid, medically vulnerable isolation at WCDF, routine testing offered to all staff as of 8/27/20, offered vaccine to inmate patients. **Next Steps:** Support Clinic daily reporting of vaccines. **Shoutouts: As of 3/11. The Command Center has been operating our emergency response for one (1) year.**



GRIEVANCES, Lillian Quinones: Patient Grievances Total: 286. (24% reduction 2020) Largest # of pt grievances by type: 49% courtesy/concern for pts by medical staff & non-medical staff, 39% quality of care, 15% for accessibility/communication. 10 were exculpated for Peer Review and 4 were Covid-related (Covid specimen, appointment cancellation due to shelter in place, customer service/ unprofessionalism of lobby screeners). 1 grievance extended passed the 30-day regulatory requirement because of response time by Mgr. 14 day-extension letter was mailed and resolution was mailed to the patient before the deadline.

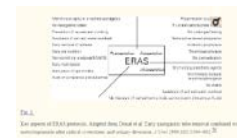
MERP, Shideh Ataii PharmD: Medication Error Reduction Plan outlined great work by Pharmacy and commitment to high quality care! As of March 2020, **CCRMC met The Joint Commission's Zero Harm related to medical errors. Kudos to Pharmacy Department**

PATIENT EXPERIENCE, CARE TRANSITIONS (Preferences, Purpose of Medications, Understood Managing of Health), Michelle Robello MD: 2020 Actions to sustain 56% PRIME Target: Tell Me 3, Pt Preferences/Pt Choice, We're Listening, Physician Bedside Discharges, Post Discharge Calls, WalkRounds. **Next Steps:** Care Transitions Planning as PRIME Metrics are done.

PATIENT EXPERIENCE, QUIET AROUND ROOM AT NIGHT, Tiffany Chan: Quiet at Night (Dimmed lights) was rolled out at 4A, 4B, 5A, 5C, and IMCU medical units from 10 PM – 7 AM w/soft overhead chime at 9:50 PM. Feedback indicated units were quieter and calmer, staff spoke with softer voices, pts were more relaxed, pts seem to sleep better and reduced # of pts hanging in the hallways. **Shoutouts: Dave Runt, Ronny Leffel, Jerry Casey, Dave Duet & team for assistance.**



COLORECTAL SSI (SURGICAL SITE INFECTIONS), Michael Gynn MD, Nusrat Chaudry, MD: Implement **ERAS and SSI Prevention Guidelines:** ERAS Awareness campaign for both pts and providers; Staff Ed Plan for each discipline; Prehabilitation and other Pt Ed Materials incorp into the AVS in Eng/Span; ERAS Pt Satisfaction Surveys first post-op visit, Data sources and communication strategies.



PERIOP, Mary Campbell, Gino Rogers. SERS were reviewed/actions developed to mitigate risk, e.g. Dental injuries.

CONSENTS, cLink Dot phrase (interpretifneeded) created when the preferred language is not in English. **Next Steps:** Transition to e-Consent. Translation of written consents into additional languages. **MODERATE SEDATION,** Opportunity for improvement: include moderate sedation on consent in procedure description, increase documentation of pre-sedation eval incl ASA and pre- and post-pain score. **PSI 9, 10, 11, 12, 13, 14,** Will build Pt Safety Dashboard for timely discovery of HAC's, develop a daily email alert of potential ICD10 code included for timely review of HAC events.



CCHS WELLNESS TEAM, Kristin Moeller MD, Sonia Sutherland MD: The **Wellness Team** received a grant from **CCRHF** to expand its wellness offerings to staff. The **1st Anniversary of Covid Wellness March 2021 Tips** was distributed. **Shoutout: Command Center** for distributing the **Wellness Tips** to staff consistently and timely.



PATIENT SAFETY AND PERFORMANCE IMPROVEMENT (PSPIC) HIGHLIGHTS, APRIL 2021

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We appreciate you for continuing to regularly share your performance improvement updates (including targets and outcomes) for your respective units/division which comply with the **CMS as a condition of our participation, CFR 482.21**. For the month of **April**, let us recognize our colleagues and celebrate the following: **Occupational Therapy Month; Medical Laboratory Professionals Week; Patient Experience Week; National Volunteer Week; & Administrative Professionals' Day.**

COVID COMMAND CENTER, Sergio Urcuyo MD, Shannon Dickerson

Met Target: Procure 120-day supply of all PPE; Maintain 30-day supply of all PPE.

Improvement: Added vaccine eligibility to 16+ who live/work in Contra Costa. Testing walk-in clinic, BPHC. Janssen vaccine paused.

Shoutout: Bay Point Health Center Staff for testing the walk-in vaccine clinic. Great response!

2020 HEALTHCARE ASSOCIATED INFECTIONS (HAI), Kathy Ferris

Met Target, Zero: CAUTI, CLABSI, SSI Hysterectomy, VRE, CRE; **Met Target:** MRSA, C DIFF; **Needs Improvement:** SSI Colon

Leap Frog: Hand Hygiene Compliance - NPM's will monitor the measure by provider and shift per Leapfrog requirements.

Shoutout: Lori Yaniz for keeping survey data entry current during 2020.

ED QUALITY AND PATIENT SAFETY, Anne Staunton

Met Target, Patient Falls; Needs Improvement, Patient Aggression; Elopement/AMA for 5150 Pts; Restraints Audits.

Next Steps: Patient Assault PDSA to reduce # of assaults; **education/case studies and huddle tips; actions checklist by Charge RN/NPM; Incident Review Form for NPM Investigation; Expedited Covid-19 test orders for psych patients** to reduce ED Time.

CLINICAL INFORMATICS, Troy Kaji, MD

Improvement: cclink redesign/revision in process - **Breast CA BIRADS to Bx; Referrals; Renal Dose Alert; Depo-Provera Smart Sets and Alerts.**

PERINATAL SAFETY, Cita Richeson, Donna Kaufman

2020 PRIME Targets Met: Cesarean Birth; Exclusive Breast Milk Feeding; Severe Maternal Morbidity among Hemorrhage Cases; Hemorrhage; Massive Transfusions (>=4 Units) per 1000 Delivery Cases; Hemorrhage, Blood Product Units Transfused per 1000 Delivery Cases; Unexpected Newborn Complications per 1000 live births; Timely Prenatal Care; and Timely Postpartum Care

Patient Safety Indicators Met Target, Zero: Accidental Perfs and Lacerations (PSI 15) & SSI Hysterectomy

Next Steps: New ESC (Eat, Sleep, Console) Project to reduce need for opioids during infant newborn withdrawal from maternal substance use; **Mental Health Learning Collaborative, Implicit Bias Training, Baby-Friendly Project, Quarterly Drills, ERAS, Staff Education.**

REGULATORY, Ira Beda-Sabio

Met Target: Completed Ligature Risk Reduction (TJC 2019 finding) for 4C and PES, Virtual Survey completed, No Findings, Report Retired; Random Chart Audits to ensure Staff Are Not Entering Charts unless they are Involved in the Patient Care or Administrative function, 100% for 02/21. Target 100% Compliance for 3 Mos; **Weekly Random Staff Audits on Frequent Patient Rounding**, 96% for 02/21. Target 90% Compliance for 3 Consecutive Mos.

MEDICATION SAFETY COMMITTEE REPORT, Shideh Ataii

MERP Survey and Patient Safety Re-licensing Survey Window is now open. Emphasized that MERP is owned by the whole organization. Reminded staff to adhere to medication safety guidelines to prevent med errors.

DEPO-PROVERA WORKFLOW, Andrea Sandler MD, Donna Kaufman

Improvement: Dr. Sandler sent an email to Adult Medicine and Peds providers about updated cclink smart sets. Fixed the AVS to reflect the next injection date only. Revised, customized Depo-Provera patient education material is available as well. Handoff form is now being used by clinic nurses for break relief.

Patient Safety Performance Improvement Committee Executive Dashboard - Jan '21 - Apr '21



Report	Presenter(s)	Measure	Target	Current	Status
2020 Healthcare Associated Infections	Kathy Ferris, Nancy Hendra	Central Line Associated Blood Stream Infections (CLABSI)	0	0	Goal Met
2020 Healthcare Associated Infections	Kathy Ferris, Nancy Hendra	Catheter Associated Urinary Tract Infection (CAUTI)	0	0	Goal Met
2020 Healthcare Associated Infections	Kathy Ferris, Nancy Hendra	Surgical Site infection Colon Surgery (SSI CMS complex procedures) -	0	2	Goal Not Met
2020 Healthcare Associated Infections	Kathy Ferris, Nancy Hendra	Abdominal Hysterectomy (SSI CMS complex procedures)	0	0	Goal Met
2020 Healthcare Associated Infections	Kathy Ferris, Nancy Hendra	MRSA Bacteremia (Methicillin Resistant Staph Aureus)	< 1.920 (NHSN Predicted SIR)	0.521 SIR	Goal Met
2020 Healthcare Associated Infections	Kathy Ferris, Nancy Hendra	VRE Bacteremia (Vancomycin Resistant Enterococcus)	0	0	Goal Met
2020 Healthcare Associated Infections	Kathy Ferris, Nancy Hendra	CRE (Carbapenem Resistant Enterobacteriaceae - any site)	0	0	Goal Met
2020 Healthcare Associated Infections	Kathy Ferris, Nancy Hendra	Clostridium Difficile (C. Dificile)	< 11.341 (NHSN Predicted SIR)	<0.353 SIR	Goal Met
2020 Healthcare Associated Infections	Kathy Ferris, Nancy Hendra	Handwashing	TBD	93.4 % Median	No Target
Cardiopulmonary	Edward Saliba, Gashaw Takele, Kim Hauer	Reduce median no show rates by 15%	</= 23.8% by Dec '20	9%	Goal Met
Code Blue	Grace Ma, Kim Hauer, Dr. Bridget A. Dyer	Code Blue Rate	No Adverse Trends 10 Year Median 0.18%	2020 0.15%	Goal Met

Code Blue	Grace Ma, Kim Hauer, Dr. Bridget A. Dyer	Code Blue Survivor Rate	No Adverse Trends 10 Year Median 49%	2020 50%	Goal Met
Code Blue	Grace Ma, Kim Hauer, Dr. Bridget A. Dyer	All Inpatient Code Blue's	No Adverse Trends 10 Year Median 18 Code Blue's	2020 12 Code Blue's	Goal Met
Code Blue	Grace Ma, Kim Hauer, Dr. Bridget A. Dyer	Respiratory vs. Cardiopulmonary Codes	No Adverse Trends	2020 No adverse trends	Goal Met
Code Blue	Grace Ma, Kim Hauer, Dr. Bridget A. Dyer	Medical/Surgical Code Blue Survivor Rate	No Adverse Trends 10 Year Median 55%	2020 5 Med/Surg Codes 4/5 80% Survived	Goal Met
Code Blue	Grace Ma, Kim Hauer, Dr. Bridget A. Dyer	Preventable Floor Codes	No Preventable Floor Codes	0% Preventable Floor Codes	Goal Met
Code Blue	Grace Ma, Kim Hauer, Dr. Bridget A. Dyer	RRT Calls	No Adverse Trends	No Adverse Trends	Goal Met
Code Blue	Grace Ma, Kim Hauer, Dr. Bridget A. Dyer	RRT Calls Transferred to a Higher Level of Care	No Adverse Trends	No Adverse Trends	Goal Met
Code Blue	Grace Ma, Kim Hauer, Dr. Bridget A. Dyer	ACLS Guidelines Followed	Target 90% Jan-Jun 2020 71%	Jul-Dec 2020 90% Compliance	Goal Met
Code Blue	Grace Ma, Kim Hauer, Dr. Bridget A. Dyer	Code Blue Documentation Completed (All documentation on Code Blue Form Completed - exclusion End tidal CO2)	Target 90% Jan-Jun 2020 90%	Jul-Dec 2020 100% Compliance	Goal Met
Code Blue	Grace Ma, Kim Hauer, Dr. Bridget A. Dyer	End tidal CO2 Documented on Code Blue Record	Target 90% Jan-Jun 2020 67%	Jul-Dec 2020 83% Compliance	Goal Not Met
Colorectal Surgical Site Infections (SSI)	M. Gynn, G Rogers, M. Campbell	Intra-abdominal Abscess (IAB) & Deep Incisional (DIP) SSIs	0%	3.13% (2 SSIs/64 cases) SIRS 1.301	Goal Not Met
COVID Command Center	Shannon Dickerson, Sergio Urcuyo	Procure 120 days' supply on hand of all PPE.	>= 120 days	Goal Met all Supplies	Goal Met
COVID Command Center	Shannon Dickerson, Sergio Urcuyo	Par Level - Maintain 30 days' supply on hand of all PPE.	>=30 days	Goal Met all Supplies	Goal Met
COVID Command Center	Leah Carlon, Sergio Urcuyo	Procure 120 days' supply on hand of all PPE.	>= 120 days	Goal Met all Supplies	Goal Met

COVID Command Center	Leah Carlon, Sergio Urcuyo	Par Level - Maintain 30 days' supply on hand of all PPE.	>/=30 days	Goal Met all Supplies	Goal Met
Donor Network Organ & Tissue	Grace Ma, Kim Hauer	Organ Referral Rate	> 90%	94%	Goal Met
Donor Network Organ & Tissue	Grace Ma, Kim Hauer	Organ Timeliness Rate	> 90%	94%	Goal Met
Donor Network Organ & Tissue	Grace Ma, Kim Hauer	Tissue Referral Rate	> 90%	100%	Goal Met
Donor Network Organ & Tissue	Grace Ma, Kim Hauer	Tissue Timeliness Rate	> 90%	94%	Goal Met
ED Safety and Quality	Akiko Tennison, Anne Staunton	Median Monthly Restraint Audit Compliance Rate	>/= 90%	81% - Off Track but improved in 2020/early 2021	Goal Not Met
ED Safety and Quality	Akiko Tennison, Anne Staunton	SERS Patient Falls	<6	5	Goal Met
ED Safety and Quality	Akiko Tennison, Anne Staunton	SERS Patient Aggression	<3	4	Goal Met
ED Safety and Quality	Akiko Tennison, Anne Staunton	SERS Elopement of Patients on Hold	0	1 (Returned to ED by Law Enforcement)	Goal Not Met
ED Safety and Quality	Akiko Tennison, Anne Staunton	SERS Enhanced Airborne Isolation Status	TBD	2	No Target
ED Safety and Quality	Akiko Tennison, Anne Staunton	SERS Medications - Narcotic Discrepancies	TBD	7	No Target
ED Safety and Quality	Akiko Tennison, Anne Staunton	SERS Delay in Care	TBD	1 ED, DI, Pharm 1, and OR 1	No Target
Grievances	Lillian Quinones	Total Annual Grievances	<301	286	Goal Met
Med Safety	Shideh Ataii, Adeebah Fakurnejad	Med Error Rate	—	0.04%	No Target
Med Safety	Shideh Ataii, Adeebah Fakurnejad	# of Med Errors that reached patient and caused harm (MERP Scale Level E - Level I)	0	0	Goal Met
Patient Experience/Care Transitions	Lynnette Watts, Michelle Robello, Tiffany Chan	Care Transitions	PRIME Target >56%	57.6%	Goal Met
Patient Experience/Care Transitions	Lynnette Watts, Michelle Robello, Tiffany Chan	Staff Took Preferences into Account	NRC Avg >43.8%	48.5%	Goal Met
Patient Experience/Care Transitions	Lynnette Watts, Michelle Robello, Tiffany Chan	Understood Purpose of Medications	NRC Avg >60%	66.3%	Goal Met
Patient Experience/Care Transitions	Lynnette Watts, Michelle Robello, Tiffany Chan	Understood Managing of Health	NRC Avg >52.5%	58.9%	Goal Met
Patient Experience/Care Transitions	Lynnette Watts, Michelle Robello, Tiffany Chan	Quiet Around Room at Night	NRC Avg >59.1%	55.5%	Goal Not Met
Patient Experience/Care Transitions	Lynnette Watts, Michelle Robello, Tiffany Chan	Overall Rating of the Hospital	90th Percentile > 83.8%	74.8%	Goal Not Met
Patient Experience/Care Transitions	Lynnette Watts, Michelle Robello, Tiffany Chan	Would Recommend Hospital to Family	90th Percentile > 85.2%	73.8%	Goal Not Met
Perinatal Safety & Covid Response	Cita Ritcheson, Donna Kaufman	PSI 15 - Accidental Perfs & Lacs	0	0	Goal Met

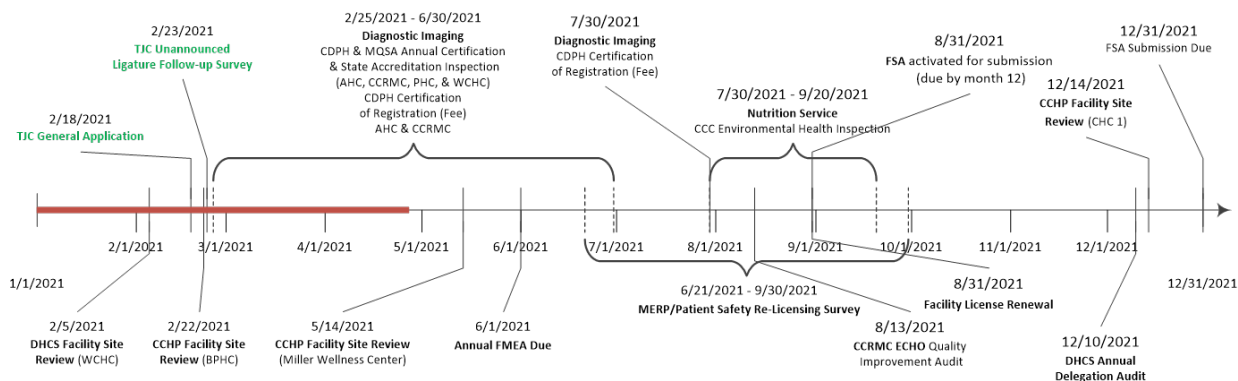
Perinatal Safety & Covid Response	Cita Ritcheson, Donna Kaufman	Cesarean Birth: NTSV (PC-02)	≤ 22%	18.10%	Goal Met
Perinatal Safety & Covid Response	Cita Ritcheson, Donna Kaufman	Exclusive Breast Milk Feeding (PC-05)	≥ 74.6%	75.90%	Goal Met
Perinatal Safety & Covid Response	Cita Ritcheson, Donna Kaufman	Severe Maternal Morbidity among Hemorrhage Cases	</= 30.8%	22%	Goal Met
Perinatal Safety & Covid Response	Cita Ritcheson, Donna Kaufman	PRIME: Hemorrhage: Massive Transfusions (≥ 4 Units) per 1000 Delivery Cases	</=3.7	0.7%	Goal Met
Perinatal Safety & Covid Response	Cita Ritcheson, Donna Kaufman	PRIME: Hemorrhage: Blood Product Units Transfused per 1000 Delivery Cases	</=94.6	29.5	Goal Met
Perinatal Safety & Covid Response	Cita Ritcheson, Donna Kaufman	PRIME: Unexpected Newborn Complications per 1000 live births	</=40.2	25.9	Goal Met
Perinatal Safety & Covid Response	Cita Ritcheson, Donna Kaufman	Timely Prenatal Care	Target Reset to >/=78.9% (was 90.8%)	92.20%	Goal Met
Perinatal Safety & Covid Response	Cita Ritcheson, Donna Kaufman	Timely Postpartum Care	Target Reset to >/=59.6% (was 74.0%)	81.80%	Goal Met
Periop Report	A. Dosanjh, G. Rogers, M. Campbell	Patient Safety Indicator (PSI) 09 Periop Hemorrhage or Hematoma	<2.25/1000 Eligible Discharges (D/C)	2.24	Goal Met
Periop Report	A. Dosanjh, G. Rogers, M. Campbell	PSI 10 Postop Acute Kidney Injury Requiring Dialysis	<0.88/1000 Eligible Discharges (D/C)	0	Goal Met
Periop Report	A. Dosanjh, G. Rogers, M. Campbell	PSI 11 Postop Respiratory Failure	<4.41/1000 Eligible Discharges (D/C)	0	Goal Met
Periop Report	A. Dosanjh, G. Rogers, M. Campbell	PSI 12 Periop Pulmonary Embolism or DVT	<3.37/1000 Eligible Discharges (D/C)	1.49	Goal Met
Periop Report	A. Dosanjh, G. Rogers, M. Campbell	PSI 13 Postoperative Sepsis	<3.97/1000 Eligible Discharges (D/C)	0	Goal Met
Periop Report	A. Dosanjh, G. Rogers, M. Campbell	PSI 14 Postop Wound Dehiscence	<0.67/1000 Eligible Discharges (D/C)	0	Goal Met
Periop Report	A. Dosanjh, G. Rogers, M. Campbell	PSI 15 Unrecognized Abdominopelvic Accidental Puncture or Laceration (APL)	<1.39/1000 Eligible Discharges (D/C)	0	Goal Met

Periop Report	A. Dosanjh, G. Rogers, M. Campbell	SERS Harm Events - Severe	0	1	Goal Not Met
Periop Report	A. Dosanjh, G. Rogers, M. Campbell	SERS Harm Events - Moderate	0	5	Goal Not Met
Periop Report	A. Dosanjh, G. Rogers, M. Campbell	Consents - Interpreter used, if applicable	>/= 90%	84%	Goal Not Met
Periop Report	A. Dosanjh, G. Rogers, M. Campbell	Consents - Spanish form used for Spanish patients	>/= 90%	56%	Goal Not Met
Periop Report	A. Dosanjh, G. Rogers, M. Campbell	Moderate Sedation - Consent included moderate sedation	>/= 90%	87%	Goal Not Met
Periop Report	A. Dosanjh, G. Rogers, M. Campbell	Moderate Sedation - Pre-sedation assessment documentation before sedation administration	>/= 90%	88%	Goal Not Met
Periop Report	A. Dosanjh, G. Rogers, M. Campbell	Moderate Sedation - ASA Class I or II or ASA score III or IV with anesthesia consult prior to sedation.	>/= 90%	72%	Goal Not Met
Periop Report	A. Dosanjh, G. Rogers, M. Campbell	Moderate Sedation - Mallampati score documented prior to sedation administration	>/= 90%	81%	Goal Not Met
Periop Report	A. Dosanjh, G. Rogers, M. Campbell	Universal Protocol - Equipment availability documented	>/= 90%	59%	Goal Not Met
Periop Report	A. Dosanjh, G. Rogers, M. Campbell	Intra-Procedure - Hypotension	</= 10%	19%	Goal Not Met
Periop Report	A. Dosanjh, G. Rogers, M. Campbell	Pain Assessed at start & end of procedure	>/= 90%	71%	Goal Not Met
Psych Safety & Core Measures	Dr. T. Bhandari, Dr. S. Field, N. Emenalom, A. Staunton	# SERS Events for patient aggression/assaults - Psych	>/= 20% Reduction from baseline (126)	31% (87 events)	Goal Met
Psych Safety & Core Measures	Dr. T. Bhandari, Dr. S. Field, N. Emenalom, A. Staunton	# SERS Events for patient falls - Psych	>/= 10% Reduction from baseline (126)	17% (49 falls)	Goal Met
Psych Safety & Core Measures	Dr. T. Bhandari, Dr. S. Field, N. Emenalom, A. Staunton	Restraint/Seclusion Documentation Audits Psych	90% compliance for 12 months	IP Psych: 4 months below 90%	Goal Not Met
Psych Safety & Core Measures	Dr. T. Bhandari, Dr. S. Field, N. Emenalom, A. Staunton	Restraint/Seclusion Documentation Audits Psych	90% compliance for 12 months	PES All Months >/= 90%	Goal Met

Regulatory	Ira Beda-Sabio	Ligature Risk Extension Request (LRER) for 4C and PES submitted to TJC- December 15, 2019. Monthly chart audits 4C (30) and PES (30)	100% Compliance with 4 chart elements to reduce ligature risk	Virtual Survey Completed February 23, 2021 NO FINDINGS	Goal Met
Regulatory	Ira Beda-Sabio	10 patient random charts audits per month to ensure no staff are entering charts who are not involved in the patient's care.	100% compliance is achieved for 3 months	January 100% February 100%	Goal Met
Regulatory	Ira Beda-Sabio	Inpatient: Weekly random staff audits to determine whether the frequent patient rounding is occurring.	90% Compliance for 3 consecutive months.	January 98% February 96%	Goal Met
Rehab	Terri Night, Karen Lloyd, Luriza Bankston	% of no-shows for all rehab appointments.	<= 10% (from 15.7% in 2019)	13.7%	Goal Not Met
Rehab	Terri Night, Karen Lloyd, Luriza Bankston	Median time to first visit for all "urgent" rehab referrals.	<= 14 days (from 28 in 2019)	20 days	Goal Not Met
SERS Monthly	Dr. Sonia Sutherland	Monthly SERS Reports	>= 195	153	Goal Not Met

Attachement B

2021 Contra Costa Health Services and Health Centers Annual Regulatory Timeline



CCHP Contra Costa Health Plan
DHCS Department of Health Care Services
FSA Focused Standard Assessment
MERP Medication Error Reduction Plan
MQSA Mammography Quality Standards Act
TJC The Joint Commission

Green – Complete
Black – Pending

Update April 2020