



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: March 7, 2022  
 Subject: Meeting Notice  
Joint Conference Committee

**Due to the Shelter-in-Place Order, this meeting will not be held in person. You can access the meeting remotely by using the information on page 3 of this agenda.**

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

**March 7, 2022, from 1:00 – 2:00 pm**

AGENDA ITEM	RECOMMENDATION
<b>I. CALL TO ORDER and INTRODUCTIONS</b> Meeting Chair- Supervisor John Gioia, District I	Inform
<b>II. APPROVAL OF MINUTES</b> – December 13, 2020 Supervisor Gioia	Inform/Action
<b>III. PUBLIC COMMENT</b> Supervisor Gioia  <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to two minutes or less. Under State law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration.</i>	Inform
<b>IV. GOVERNANCE</b>  Kristin Moeller, M.D., Medical Staff President  <b>A.</b> Governing Authority Bylaws Draft <b>B.</b> Announce Medical Staff Representatives to the Joint Conference Committee for 2022 – Dr. Katherine Goheen and Dr. Ashley Porteous	Inform/Action

AGENDA ITEM	RECOMMENDATION
<p>V. <b>ADMINISTRATIVE UPDATE</b>  Samir B. Shah, MD, Chief Executive Officer/Chief Medical Officer</p> <p>A. Measure X  B. Covid Update  C. Materials Management Value Stream Map event</p>	<p>Inform</p>
<p>VI. <b>MEDICAL STAFF UPDATE</b>  Kristin Moeller, M.D., Medical Staff President</p> <p>A. Patient Care Policies for CCRMC/HCs</p> <ul style="list-style-type: none"> <li>- List of policies reviewed by the Medical Executive Committee which now require Board approval. Copies of full policies may be viewed on the CCHS SharePoint site, JCC Policies, March 7, 2022. Site address:  <a href="https://contracostahsd.sharepoint.com/sites/JCCPolicies/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FJCCPolicies%2FShared%20Documents%2F3%2E7%2E2022%20Policies&amp;viewid=c82c1198%2D88de%2D441d%2Da012%2D65fc9efc571e">https://contracostahsd.sharepoint.com/sites/JCCPolicies/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FJCCPolicies%2FShared%20Documents%2F3%2E7%2E2022%20Policies&amp;viewid=c82c1198%2D88de%2D441d%2Da012%2D65fc9efc571e</a></li> </ul> <p><b>Note:</b> Above link is <u>not live</u>. Copy and paste to address line to access policy folder.</p>	<p>Inform/Consent</p>
<p>VII. <b>SAFETY AND QUALITY UPDATES</b>  Sergio Urcuyo M.D., Hospital Medical Director</p> <p>A. PSPIC/Quality Update</p>	<p>Inform</p>
<p>VIII. <b>ADJOURN to Professional Affairs Committee</b></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.  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. <b>NEXT MEETING:</b> Monday, May 2, 2022</p>	

*Joint Conference Committee observes Ralph M. Brown Act open meeting law procedures. Reasonable accommodations will be provided for persons with disabilities planning to attend. Contact the staff person listed below at least 72 hours before the meeting. Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the County to a majority of members of the Joint Conference Committee prior to that meeting are available for public inspection at 2500 Alhambra Avenue during normal business hours. Public comment may also be submitted via electronic mail at least one full workday prior to the published meeting time. For information contact Karin Stryker – [karin.stryker@cchealth.org](mailto:karin.stryker@cchealth.org), 925-234-1909.*

# Zoom Webinar

## Meeting Instructions

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

<https://cccounty-us.zoom.us/j/84825957425?pwd=UFIVUIY0SkI5S2J5Lys0dHdlb2R6QT09>

Passcode: 103569

**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: 848 2595 7425

Passcode: 103569

SIP: 84825957425@zoomcrc.com

Passcode: 103569



## JOINT CONFERENCE COMMITTEE Minutes

**December 13, 2021, 1:30pm – 2:30 pm**

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

*VOTING MEMBERS PRESENT: Supervisor John Gioia, District I; Dr. Courtney Beach, Chair, Hospital Medicine; Andrea Sandler MD, Chair, Family Medicine. NON-VOTING MEMBERS PRESENT: Samir Shah MD, Chief Executive Officer/Chief Medical Officer; Kristin Moeller MD, Medical Staff President; Anna Roth, R.N. NON-VOTING MEMBERS ABSENT: None. GUESTS PRESENT: Jaspreet Benepal RN, Chief Nursing Officer; Sergio Urcuyo MD, Hospital Medical Director; Karin Stryker, Director, Safety and Performance Improvement; Health Services Director; Randy Sawyer, Health Services Deputy Director; Mary Campbell, Director, Safety and Performance Improvement; David Runt, Chief Operations Officer. Helena Martey, Director of Ambulatory Care; Ira-Beda Sabio, Director of Inpatient Nursing; Erika Jenssen, Deputy Health Director; Gabriela Sullivan MD, Ambulatory and Specialty Medical Director; Rajiv Pramanik, Chief Medical Informatics Officer; William Walker, Director of Health Services; Nancy Hendra, Director of Infection Prevention and Control Program; Tarun Bhandari, Chief Psychiatry; Shannon Dickerson, Quality Management Program Coordinator; Kimberly McCarl, Communications Officer; Will Harper, Community and Media Relations; Chris Farnitano MD, Medical Director; Brian Johnson, Residency Director.*

AGENDA ITEM	RECOMMENDATION
<p><b>I. CALL TO ORDER and INTRODUCTIONS</b> Meeting Chair- Supervisor John Gioia, District I</p>	<p><i>Inform</i></p>
<p><b>II. APPROVAL OF MINUTES – October 4, 2021</b> Supervisor Gioia</p> <p><i>In open session, voting members of Contra Costa Regional Medical Center Joint Conference Committee voted to accept the October 4, 2021, Joint Conference Committee minutes.</i></p>	<p><b><u>Motion:</u></b> <b><i>By Beach</i></b> <b><i>Seconded by Sandler</i></b></p> <p><b><u>Ayes:</u></b> <b><i>Gioia</i></b></p> <p><b><u>Absent:</u></b> <i>None</i> <b><u>Abstain:</u></b> <i>None</i></p>
<p><b>III. PUBLIC COMMENT</b> Supervisor Gioia</p> <p><i>Unknown caller sends condolences to Supervisor Burgis.</i></p>	<p><i>Inform</i></p>
<p><b>IV. GOVERNANCE</b></p> <p>Kristin Moeller, M.D., Medical Staff President</p> <p>A. 2022 Governing Authority bylaws proposed revisions</p> <p><i>Dr. Moeller stated that the only proposed change is adding the Chief Nursing Officer to the non-voting membership of JCC and PAC meetings. No other</i></p>	<p><b><u>Motion:</u></b> <b><i>By Sandler</i></b> <b><i>Seconded by Beach</i></b></p> <p><b><u>Ayes:</u></b> <b><i>Gioia</i></b></p> <p><b><u>Absent:</u></b> <i>None</i> <b><u>Abstain:</u></b> <i>None</i></p>

revisions were made other than some small grammatical changes. Once approved, language will move forward to County Council for review. Bylaws will be brought back to first JCC meeting in 2022 for final approval.

**AGENDA ITEM**

**RECOMMENDATION**

**V. ADMINISTRATIVE UPDATE**

Samir B. Shah, MD, Chief Executive Officer/Chief Medical Officer

**A. 2021 Accomplishments**

*Inform*

*Dr. Shah shared that CCRMC and Health Centers received recent national recognition from Leapfrog, Baby Friendly USA, Newsweek, and the Lown Institute. State recognition received came from California Association of Public Hospitals, Department of Public Health for PRIME, and for our Opioid Care and Maternity Care improvement.*

*His comments on each recognition include:*

- *Leapfrog is an opportunity to show that our organization is a safe place to receive care. We've retained a score of 'B' for the last five periods.*
- *Our Baby Friendly designation is a multi-year effort. It acknowledges that our system's patients receive the most current, standard, appropriate, and culturally sensitive treatments and education surrounding breastfeeding. Received designation January 2020.*
- *Newsweek recognized CCRMC as being 1 of 231 hospitals nationwide that provides exemplary service in maternity care.*
- *The Lown institute ranked CCRMC number 10 on the list of 50 hospitals nationwide that have reduced overprescribing, over-screening, and unnecessary procedures.*
- *Recognized with top honors by the CA Association of Public Hospitals, along with CCHS, for our work in vaccine equity in our community during the Covid emergency. We increased our vaccine rates by 17% in the lowest quartile areas of the Healthy Places Index between May and August of this year by strategically reaching out to communities less likely to get vaccinated, successfully reducing the gaps. Reduced the equity gap between the highest and lowest quartile by 6%. Dr. Farnitano acknowledge that we reduced the gap between white and black residents by 6% and white and Mexican residents by 7%.*
- *In 2021, we were #1 in funds received by public hospital systems during the PRIME MediCal 1115 waiver program.*
- *Recognized by the CA Dept. of Public Health for opioid care, making sure we are providing safe and effective opioid use and screening.*

**B. Covid Update**

*Dr. Urcuyo stated that CCRMC is currently experiencing a slight increase in COVID patients on the units, but the number is relatively small. We have been able to continue to do an effective job of triaging patient in the ED. Patients have been repatriated from other institutions when appropriate. All screening protocols are still in place. We are aggressively vaccinating the unvaccinated when they are here as a patient.*

*He expressed excited about the prospects of some new therapeutics to help treat COVID-19 and stated that we are partnering with the County, State, and pharmacy groups to bring as many in-house and as high volume as possible for our patients.*

*The effects on the hospitals have yet to be seen regarding the Omicron variant. It will likely affect lots of people in the community, but CCRMC is ready for the expected community surge.*

*Supervisor Gioia stated that he has heard Omicron is highly more highly transmissible and the preliminary data is showing that that severity of illness may not be as intense.*

*Dr. Farnitano stated that the evidence so far supports that 2-doses of our standard vaccines does seem to have a remarkably diminished level of protection. Boosters seem to give a much higher level of protection, but it is not 100% protection against infection. Among US cases, we are seeing a lot of people boosted still got infected. The booster seems almost necessary to provide protection against the Omicron variant.*

*An unknown caller asked a question regarding the opioid care. She states it's a very addictive drug and was wondering if the patients identified are prescription drug abusers. The caller also asked if our County taking any of the data collected from these other medical professionals to help them kick this habit?*

*Caller additionally stated that she does not understand why we are pushing the vaccination. She was concerned that the first 2 vaccines didn't seem to work, and we now have to take a booster. Her questions included: Is the booster equivalent to the first 2 doses or has it been modified per the omicron characteristics? We aren't dealing with the problem if we don't know the differences? Other concerns included seemingly contradictory information between the drug company statements on vaccine effectiveness with Omicron versus recommendations by the CDC and public health departments.*

*In response to the caller, Supervisor Gioia stated that there is a certain time limit for the effectiveness of these vaccines. Getting a booster is not an indication that the earlier dose did not work. It is an indication that like other vaccines, after certain periods of time the vaccine loses its effectiveness.*

*Per Dr. Farnitano, we don't know what other additional boosters will be needed in the future. Many vaccines need multiple doses to get to a full effect. With Omicron it's clear that three doses are needed to get the full effect, rather than the two doses needed with earlier strains. We are seeing that with Omicron, natural immunity from previous strains seems to give little to no protection.*

**VI. MEDICAL STAFF UPDATE**

Kristin Moeller, M.D., Medical Staff President  
A. Patient Care Policies for CCRMC/HCs

*All the policies were reviewed and approved up through MEC.*

B. Family Medicine Residency Report

*Family Medicine Residency presented their annual report and recognized that board review is a requirement of licensure.*

**Motion:**  
**By Sandler**  
**Seconded by Beach**

**Ayes:**  
**None**

**Absent: None**  
**Abstain: Gioia**

**VII. SAFETY AND QUALITY UPDATES**

Sergio Urcuyo M.D., Hospital Medical Director

**A. Behavioral Health Update**

*Per Dr. Bhandari, since the pandemic, suicide rates have not risen much higher since January 2019. Other data from the coroners' offices show that suicide rates peaked locally in 2016. CCRMC's inpatient psychiatric daily census is up. A big jump in the census was due to the opening of the closed unit in late 2020. A less than full census is generally related to patient care needs such as isolation and facility limitations.*

*Psychiatric emergency average daily census has been trending upwards over the last several years until recently. A saturation plan was instituted back in 2019, that had it not been implemented, would have resulted in a much higher census rate. It has afforded us the opportunity to provide services in other safe locations for patients. Miller Wellness Center's behavioral health clinics now also see a large portion of the patients.*

*Dr. Sullivan stated that we recently hired 11 behaviorists to provide outpatient behavioral health care within the primary care setting and are now integrated completely in each health center. We now provide direct scheduling into the clinic slots. Increased staffing and improved scheduling have resulted in our visits tripling. During the period Q1 2020 through Q2 2021, those visits increased from 280 visits to 951 visits system-side for our mild to moderate behavioral health.*

*Patients who used to be sent to other institutions for psychiatric care are now being scheduled directly into Miller Wellness Center's (MWC) psychiatry visit slots. We experienced 2,349 visits in MWC 2020; this year(2021 we are up to 2,918 visits. The waitlist in ambulatory for a patient to see a psychiatrist has been reduced from 33 days to 6 days. We have also weekly case conferences that the psychiatry team is leading for primary care doctors.*

*Dr. Urcuyo expressed that as the population increases there has been an increasing demand on the services. We are doing everything we can to meet that demand. We opened the second inpatient psych unit in later 2020 as our Psychiatric Emergency Services unit was often full, causing CCRMC to often send patients to other facilities. Reopening that unit nearly doubled the capacity of inpatient psychiatry.*

*An unknown caller inquired if the current patients we have are more medically-related then mentally related? She wondering about the COVID ordinance for these mental patients, if they do not have the capacity to decide for themselves, do we still give them the right to refuse or accept [the vaccine]? Per Dr. Urcuyo, patient consent is always obtained before administering any medication.*

*Inform*

**VIII. ADJOURN to Professional Affairs Committee**

*Inform*

**IX. NEXT MEETING:** To be determined in January 2022

Minutes approved by Chair: Supervisor John Gioia, District I

\_\_\_\_\_  
Supervisor John Gioia

\_\_\_\_\_  
Date

*Minutes by Shanazz Ahmad/Karin Stryker*



**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 202~~2~~<sup>1</sup>*



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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. Have 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 aAdministrative pPolicies;
- 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; and
- 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-ten (109).
  - 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.
  - ~~7.8.~~ One (1) member shall be the CCRMC Chief Nursing 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, quorums, 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.

DRAFT

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 and revised December 2021*

*Approved by Contra Costa Regional Medical Center Joint Conference Committee \_\_\_\_\_~~12/13/21~~  
~~(date pending)~~*

*Reviewed by County Counsel \_\_\_\_\_~~12/22/21~~ \_\_\_\_\_  
~~(date pending)~~*

*Approved by Contra Costa County Board of Supervisors \_\_\_\_\_  
(date pending)*



# Measure X Update March JCC

**Samir B. Shah, M.D.**

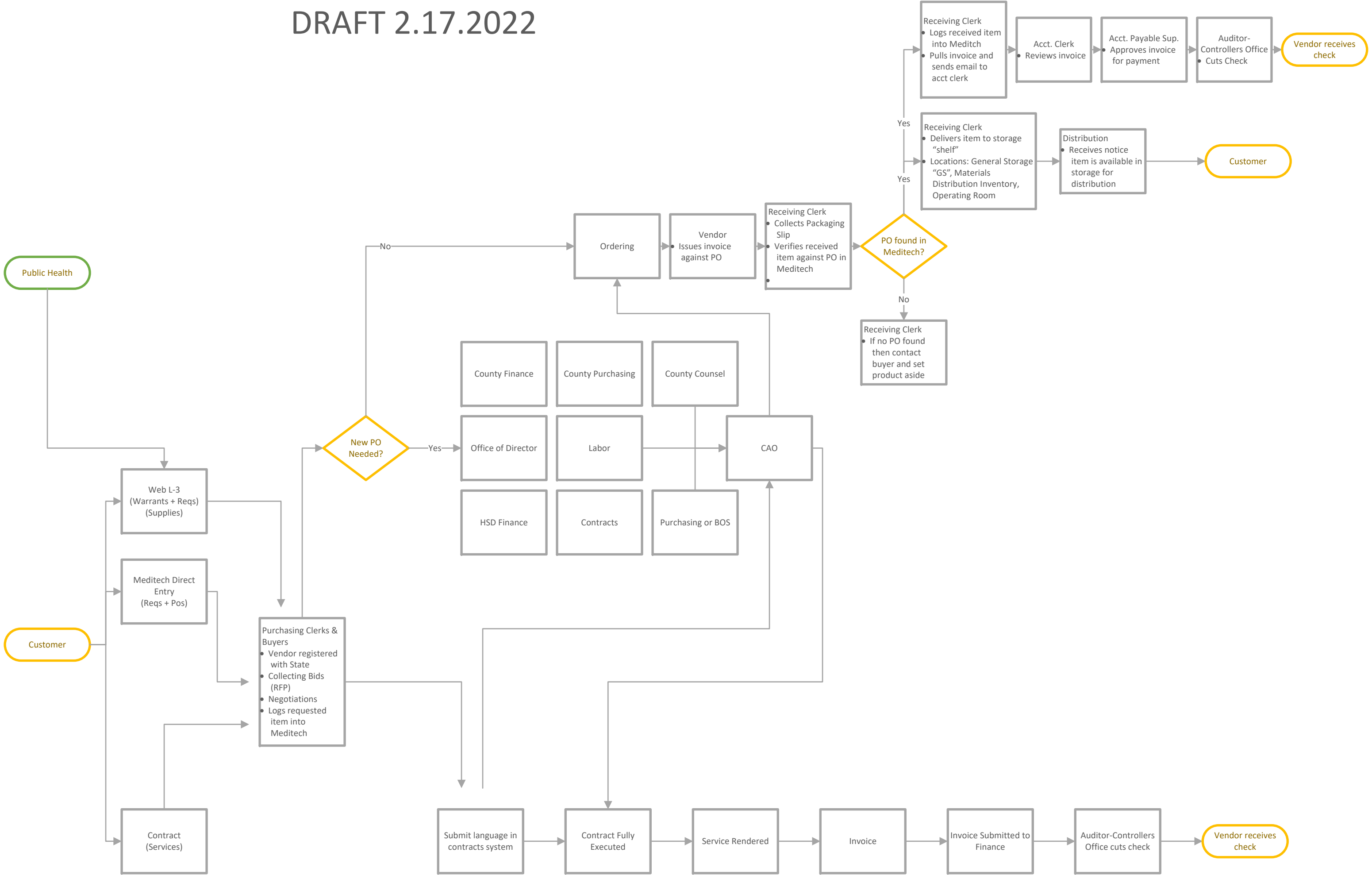
Chief Executive Officer

Chief Medical Officer



# Material Management Process Map

DRAFT 2.17.2022





**MEDICAL EXECUTIVE COMMITTEE AGENDA**

CHAIR-KRISTIN MOELLER, M.D.

December 20, 2021

12 to 2:00p

*As the elected leadership of the CCRMC/HCs Medical Staff, we stand against racism and hate. We recognize the negative impact of longstanding structural racism on health, and we commit to take action to combat this in our own system and work for health equity for our patients.*

Join Zoom Meeting

<https://cchealth.zoom.us/j/8544948118>

Meeting ID: 854 494 8118

**\*\*If you are on phone only for the Zoom, use \*6 to mute/unmute**

Agenda Topic	Status	Time
<b>Call to Order</b>		
Review of November 15, 2021 Minutes	See attached Draft Minutes.	2 min.
<b>Announcements (3 min)</b>		
<ul style="list-style-type: none"> <li>• <b>January 24, 2022 MEC meeting reports to Sue by January 12, 2021</b> <ul style="list-style-type: none"> <li>○ Cancer Committee-Dr.Gynn</li> <li>○ Psychiatry-Dr. Berlingieri</li> </ul> </li> </ul> <p>Please use the standard SBAR form for your reports -You will be given 5 minutes in which to present your report. Please number the pages of your report. <b>PLEASE DATE YOUR REPORT AND NUMBER THE PAGES.</b></p> <p><b>Next meeting January 24, 2022</b></p>		
<b>ADMINISTRATIVE REPORTS</b>		
Anna Roth, Health Services Director Chris Farnitano, M.D.-Health Officer Pat Godley, CFO for Health Services Jaspreet Benepal, RN, Chief Nursing Officer Samir Shah, M.D., Chief Executive Officer/Chief Medical Officer Vacant - Chief Quality Officer David Runt - Chief Operations Officer Gilbert Salinas, Chief Equity Officer, HS	Rajiv Pramanik, M.D.- CMIO Gabriela Sullivan, M.D.- Specialty/Ambulatory Medical Director Ori Tzvieli, M.D., Public Health Director Sharron Mackey, MHS, Chief Executive Officer CCHP Dennis Hsieh, M.D., Medical Director/Chief Medical Officer CCHP Sergio Urcuyo, M.D.- Hospital Medical Director Sonia Sutherland, M.D.-Medical Director, Detention Health	
<b>NEW BUSINESS</b>		
<b>JCC Nominations – Dr. Porteous/Dr. Goheen Vote Needed</b>	Dr. Moeller	3 min.
<b>Approval of interim ED chair, Dr. Pyra Aarden-vote needed</b>	Dr. Moeller	3 min.
<b>Funds Approval-Vote Needed-Credentialing Education Course for MSO staff \$2,495.</b>	Dr. Moeller	3 min.





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<b>Agenda Topic</b>	<b>Status</b>	<b>Time</b>
<b>Review of Ambulatory Policy 1072 Patient Treatment Management Plan</b>	Dr. Moeller	3 min.
<b>Nominations Open January 1 for the Following: (Term 7/1/2022 - 6/30/2024)</b> <b>Department Heads:</b> ED Surgery Psychiatry/Psychology Diagnostic Imaging OB/GYN Critical Care <b>Division Heads:</b> DFAM West County DFAM Far East County		
<b>OLD BUSINESS</b>		
<b>Consent Agenda</b>		
<b>Medication Safety Committee-Dr. Ataii</b> <b>2021 Q1 ADR report for <i>medical staff</i></b>	See report. Share with department members.	5 min.
<b>PCP&amp;E-Dr. Forman</b> <b>Nursing Policies-Helena Martey</b> 400 NURSING: Negative Pressure Wound Therapy: Application, Maintenance 204-A NURSING: Adult- Crash Cart Check Log 310 CCU: Care of the Patient Undergoing Bronchoscopy 2.92 NURSERY: Terbutaline Sulfate Administration 2. 50 L & D: Magnesium Sulfate Therapy: Nursing Care Initiation and 2.50- A Protocol for Administration of Magnesium Sulfate 2.50- B Eclampsia Algorithm 2.50- C Magnesium Sulfate in L&D 3 . 160 NURSING: Urine Specimen Collection	See report. Please ask if you wish to see a specific policy and it will be sent to you.	5 min.
<b>COMMITTEE REPORTS</b>		



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12 to 2:00p

<b>Agenda Topic</b>	<b>Status</b>	<b>Time</b>
<b>Credentials Committee- Dr. Mbanugo</b> List of Candidates - Vote needed	See report	3 min.
<b>Patient Safety and Performance Improvement Committee</b>		3 min.
<b>APC - Dr. Mbanugo</b> 3037 W/7 Attachments on EOC 4200 Appendix 3-Standardized protocols for resource nurses 3037A-Front Entrance 3037B-Registration-waiting areas 3037C-Employee only areas 3037 D-Clinical areas 3037E-Exam Rooms 3037 F Administration Record Keeping checklist 3037 G-Biannual safety inspection EOC correction plan 4029 Total Cast	See report	3 min.
<b>Contra Costa Health Plan-Sharron Mackey</b>	Pending	
<b>DEPARTMENT &amp; DIVISION REPORTS</b>		
<b>DFAM Martinez-Dr. Katzman</b>	Pend to January	5 min.
<b>Pediatrics Department-Dr. Jolton</b>	See report	5 min.
<b>Pathology Department-Dr.Das</b>	Pending	5 min.
<b>Dental Department-Dr. Garcia</b>	See report	
<b>Med Staff Assistance Committee-Dr. Wadle</b>	Pending	5 min.
ADJOURN TO CLOSED SESSION-VOTING MEMBERS ONLY		
<b>Adjournment. Next Meeting Date: January 24, 2021</b>		



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Agenda Topic	Status	Time
<b>Call to Order</b>		
Review of December 20, 2021 Minutes	See attached Draft Minutes.	2 min.
<b>Announcements (3 min)</b>		
<ul style="list-style-type: none"> <li>• <b>February 28, 2022 MEC meeting reports to Sue by February 10, 2021</b> <ul style="list-style-type: none"> <li>○ Administrative Affairs Committee-Drs. Robello and Tyrrel</li> <li>○ DFAM-West County-Dr. Sheldon</li> <li>○ Medical Staff Assistance Committee</li> <li>○ Surgery Department-Dr. Dosanjh</li> </ul> </li> </ul> <p>Please use the standard SBAR form for your reports -You will be given 5 minutes in which to present your report. Please number the pages of your report. <b>PLEASE DATE YOUR REPORT AND NUMBER THE PAGES. Please include your executive summary which can be added to the minutes.</b></p> <p><b>Next meeting February 28, 2022</b></p>		
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Anna Roth, Health Services Director Ori Tzvieli, Acting Health Officer Pat Godley, CFO for Health Services Jaspreet Benepal, RN, Chief Nursing Officer Samir Shah, M.D., Chief Executive Officer/Chief Medical Officer Vacant - Chief Quality Officer David Runt - Chief Operations Officer Gilbert Salinas, Chief Equity Officer, HS	Rajiv Pramanik, M.D.- CMIO Gabriela Sullivan, M.D.- Specialty/Ambulatory Medical Director Ori Tzvieli, M.D., Public Health Director Sharron Mackey, MHS, Chief Executive Officer CCHP Dennis Hsieh, M.D., Medical Director/Chief Medical Officer CCHPS Sergio Urcuyo, M.D.- Hospital Medical Director Sonia Sutherland, M.D.-Medical Director, Detention Health	
<b>NEW BUSINESS</b>		



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<b>Agenda Topic</b>	<b>Status</b>	<b>Time</b>
<b>Dr. Jenny Guss as Interim Psychiatry Department Head - vote needed</b>	Dr. Moeller	3 min.
<b>APC Chair-Dr. Irina Pyrkova-Vote Needed</b>	Dr. Moeller	3 min.
<b>Updates from Acting Health Officer-Dr. Ori Tzvieli-Dr. Chris Farnitano has retired.</b>	Dr. Moeller	3 min.
<b>Nominations Open January 1 for the Following: (Term 7/1/2022 - 6/30/2024) Nominations due on March 1, 2022 Department Heads: ED Surgery Psychiatry/Psychology Diagnostic Imaging OB/GYN Critical Care Division Heads: DFAM West County DFAM Far East County</b>	Dr. Moeller	5 min.
<b>OLD BUSINESS</b>		
<b>2022 Draft MS Bylaws – approved by county counsel with minor grammar changes only</b>	AAC – information only	3 min.
<b>Consent Agenda</b>		
<b>Medication Safety Committee-Dr. Ataii</b>	See report.	5 min.
<b>PCP&amp;E-Dr. Forman</b> <b>█ Infection Control-Kathy Ferris</b> 1072 Patient Treatment Management Plan <b>█ Nursing Policies-Helena Martey</b> 106 ED Nursing: Report of injuries to Local Law Enforcement Agencies 102 ED Nursing: Report of Injuries to Local Law Enforcement Agencies 320 CCU Nursing: Cardioversion (Synchronized Countershock) 351 CCU Nursing: Post Anesthesia Care	See report. Please ask if you wish to see a specific policy and it will be sent to you.	5 min.



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CHAIR-KRISTIN MOELLER, M.D.

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12 to 2:00p

<b>Agenda Topic</b>	<b>Status</b>	<b>Time</b>
807 CCU Nursing: Fecal management System (FMS) 1421-A CCU/ IMCU Nursing: Set up & Planned Actions 514 Nursing Psych: Involuntary Admission Conservatorship and Temporary Conservatorship		
<b>COMMITTEE REPORTS</b>		
<b>Credentials Committee- Dr. Mbanugo</b> List of Candidates - Vote needed	See report	3 min.
<b>Patient Safety and Performance Improvement Committee</b>	Dr. Beach	3 min.
<b>APC - Dr. Mbanugo</b>	No policies	3 min.
<b>Contra Costa Health Plan-Sharron Mackey</b>	Pending	5 min.
<b>DEPARTMENT &amp; DIVISION REPORTS</b>		
<b>DFAM Martinez-Dr. Katzman</b>	See report	5 min.
<b>Pathology Department-Dr.Das</b>	Pending to February	5 min.
<b>Cancer Committee-Dr. Gynn</b>	Pend to March	5 min.
<b>ADJOURN TO CLOSED SESSION-VOTING MEMBERS ONLY</b>		
<b>Adjournment. Next Meeting Date: February 28, 2021</b>		



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<ul style="list-style-type: none"> <li>● <b>March 21, 2022 MEC meeting reports to Sue by March 10, 2022</b> <ul style="list-style-type: none"> <li>○ Medical Staff Assistance Committee</li> <li>○ Surgery Department-Dr. Dosanjh</li> <li>○ Psychiatry/Psychology Department-Dr.Guss</li> <li>○ Cancer Committee-Dr. Gynn</li> <li>○ Diagnostic Imaging Department-Dr. Liebig</li> <li>○ Utilization Management Committee-Dr. Rael</li> <li>○ Peer Review Oversight Committee-Dr. Moeller</li> </ul> </li> </ul> <p>Please use the standard SBAR form for your reports -You will be given 5 minutes in which to present your report. Please number the pages of your report. <b>PLEASE DATE YOUR REPORT AND NUMBER THE PAGES. Please include your executive summary which can be added to the minutes. Next meeting March 21, 2022</b></p>		
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<b>NEW BUSINESS</b>		



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Agenda Topic	Status	Time
<b>Quality Indicators-Vote Needed</b>	Dr. Moeller	5 min.
<b>Nominations Due March 1 for the Following: (Term 7/1/2022 - 6/30/2024)</b> <b>Department Heads:</b> ED Surgery Psychiatry/Psychology Diagnostic Imaging OB/GYN Critical Care <b>Division Heads:</b> DFAM West County DFAM Far East County	Dr. Moeller	3 min.
<b>OLD BUSINESS</b>		
<b>Bylaws Vote Count-76 ballots received</b> <b>#1 Prerogs for Allied Health</b> 69 Yes/7 No <b>#2 Update current division names</b> 70 Yes/5 No/1 Abstain <b>#3 Committees</b> 67 Yes/9 No	Dr. Moeller	3 min.
<b>Consent Agenda</b>		
<b>Medication Safety Committee-Dr. Ataii</b>	See report.	5 min.
<b>PCP&amp;E-Dr. Forman</b> <b>Hospital Wide Policies</b> 357 Roles of the Deputy Sheriff at Hospital and Health Center Sites 360 Security Program <b>Nursing Policies-Helena Martey</b> 3.142 Sodium Bicarbonate, Intravenous Administration 3.70 Formula: Safe Preparation, Storage and Feeding 3.70 A Formula Preparation Handout (English) 3.70 B Formula Preparation Handout (Spanish)	See report. Please ask if you wish to see a specific policy and it will be sent to you.	5 min.



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<b>Patient Safety and Performance Improvement Committee - Dr. Beach</b>	No report this month.	3 min.
<b>APC - Dr. Pyrkova</b>	Pending	3 min.
<b>Contra Costa Health Plan-Sharron Mackey</b>	Pending	5 min.
<b>DEPARTMENT &amp; DIVISION REPORTS</b>		
<b>DFAM West County-Dr. Sheldon</b>	See report	5 min.
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