



CONTRA COSTA COUNTY

AGENDA

Medical Services (CCRMC) Joint Conference Committee and Professional Affairs Committee

Wednesday, July 15, 2026

2:00 PM

Conference Room #1, Martinez Medical
Office, 2500 Alhambra Ave., Martinez |
<https://cchealth.zoom.us/j/96957112452> |
Call in: +1 646 518 9805, Webinar ID:
969 5711 2452
or Office of Supervisor Gioia or Office of
Supervisor Carlson

Office of Supervisor Gioia, 11780 San Pablo Ave., Suite D, El Cerrito

Office of Supervisor Carlson, 2255 Contra Costa Blvd., Suite 202, Pleasant Hill

Agenda Items: Items may be taken out of order based on the business of the day and preference of the Committee

1. Roll Call and Introductions
2. Public comment on any item under the jurisdiction of the Committee and not on this agenda (speakers may be limited to two minutes).
3. Consent Items

CONSIDER CONSENT ITEMS (Items listed as C.1. through C.4 on the following agenda) - Items are subject to removal from Consent Calendar by request of any Member of the Medical Services (CCRMC) Joint Conference Committee. Items removed from the Consent Calendar will be considered with Discussion Items.

- 3.C.1** CONSIDER and ACCEPT the Minutes from 5/26/2026 Medical Services (CCRMC) Joint Conference Committee Meeting. [26-3162](#)

Attachments: [3.C.1. JCC 5.26.26 Minutes](#)

- 3.C.2** CONSIDER and ACCEPT the Minutes from the CCRMC JCC Expedited Privileges Subcommittee for May 2026 approving expedited privileges for listed providers. [26-3163](#)

Attachments: [3.C.2 JCC Expedited Privileges Subcommittee Minutes \(May\)](#)

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- 3.C.3** CONSIDER and RECOMMEND APPROVAL of the Operational Policies reviewed and revised following regulatory and best practice standards. [26-3164](#)
Attachments: [3.C.3 Operational Policies](#)
- 3.C.4** CONSIDER and RECOMMEND APPROVAL of the Patient Care Policies reviewed and revised following regulatory and best practice standards. [26-3165](#)
Attachments: [3.C.4 Patient Care Policies](#)
4. Presentations (when applicable)
P.R. 1
5. Discussion Items
- 5.D.1** CONSIDER and ACCEPT report from Chief Executive Officer (David Culberson): Hospital and Health Centers administrative updates, including leadership, significant capital projects, House Resolution 1 (HR1) planning, business plan development, seismic project, and operations updates. [26-3166](#)
Attachments: [5.D.1 CEO Report Administrative Updates](#)
- 5.D.2** CONSIDER and ACCEPT report from Chief Financial Officer's (David D. Lee) office sharing a review of fiscal year 2026-2027 budget forecast. [26-3167](#)
Attachments: [5.D.2. Finance Report](#)
- 5.D.3** CONSIDER and ACCEPT report from Medical Staff President (Sarah McNeil, MD) providing general medical staff priorities and updates. [26-3168](#)
Attachments: [5.D.3 Medical Staff Updates](#)
- 5.D.4** CONSIDER and ACCEPT report from Chief Quality Officer (Shannon Abella) on regulatory activities and quality program updates, sharing an executive summary of recent and upcoming survey activities as well as the annual Quality Assessment and Performance Improvement (QAPI) plan and Evaluation. [26-3169](#)
Attachments: [5.D.4 Regulatory & Quality Program Updates](#)
[5.D.4a 2026 Quality and Patient Safety Plan](#)
[5.D.4b Appendix A 2025 QAPI Annual Evaluation and Strategy Plan](#)
[5.D.4c Appendix C 2026 PSPIC Reporting Calendar](#)
6. Closed Session Agenda (when applicable)
- 6.CS.1. CONSIDER and ACCEPT the Minutes from 3/18/2026 Medical Services (CCRMC) Professional Affairs Committee Meeting.
- 6.CS.2. Hospital MEDICAL AUDIT AND/OR QUALITY ASSURANCE COMMITTEE REPORT (Health and Safety Code section 1461)
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6.CS.3.STAFF PRIVILEGES (Health and Safety Code section 1461)

7. Public Comment

At this time, members of the public may comment on any item under the jurisdiction of the Professional Affairs Committee 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 Committee 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 Committee consideration.

8. ADJOURNMENT to PROFESSIONAL AFFAIRS COMMITTEE CLOSED SESSION
(Supervisor John Gioia, Chair)

9. Medical Services (CCRMC) Acronym List

[26-3170](#)

Attachments: [9. CCRMC and CCHP Plan Acronym List](#)

General Information

The JCC meets in all its capacities pursuant to Ordinance Code Section 24-2.402.

Materials distributed for the meeting are available for viewing, during normal business hours, at Contra Costa Health Plan, 595 Center Avenue, Suite 100, Martinez, CA.

Public comment, on agenda items, may be submitted via email at least one full workday prior to the published meeting time to Corticha.Flucus@cchealth.org. Comments submitted by email will be included in the record of the meeting but will not be read aloud during the meeting.

All matters listed under CONSENT Calendar are considered by the Board to be routine and will be enacted by one motion. There will be no separate discussion of these matters unless requested by a member of the Board before the Board votes on the motion to adopt. Each member of the public will be allowed two minutes to comment on the entire consent agenda.

The Committee will provide reasonable accommodations for persons with disabilities planning to attend the Committee meetings. 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 Committee less than 96 hours prior to that meeting are available for public inspection at 2500 Alhambra Avenue, Martinez, during normal business hours. Staff reports related to items on the agenda are also accessible online at www.contracosta.ca.gov. If the Zoom connection malfunctions for any reason, the meeting may be paused while a fix is attempted. If the connection is not reestablished, the committee will continue the meeting in person without remote access. Public comment may be submitted via electronic mail on agenda items at least one full work day prior to the published meeting time.

For Additional Information Contact: David Culberson at David.Culberson@cchealth.org.

The next meeting is currently scheduled for September 16, 2026, 2:00pm, at Conference room 1, Martinez Medical Office Building 2500 Alhambra Ave., Martinez, CA 94553; or Office of Supervisor Gioia, 11780 San Pablo Ave., Suite D, El Cerrito, CA 94530; or Office of Supervisor Carlson, 2255 Contra Costa Blvd., Suite 202, Pleasant Hill, CA 94523.



CONTRA COSTA COUNTY

1025 ESCOBAR STREET
MARTINEZ, CA 94553

Staff Report

File #: 26-3162
3.C.1

Agenda Date: 7/15/2026

Agenda #:



JOINT CONFERENCE COMMITTEE MINUTES

May 26, 2026 from 2:00 – 4:00 PM

Contra Costa Regional Medical Center

2500 Alhambra Avenue, Martinez, CA – Building 1 First Floor Conference Room

VOTING MEMBERS PRESENT: Supervisor John Gioia, District I; Supervisor Ken Carlson, District IV; Dayana Carcamo-Molina MD; Tarun Bhandari MD; NON-VOTING MEMBERS PRESENT: David Culberson, CCRMC Chief Executive Officer; Sergio Urcuyo, MD, CCRMC Chief Medical Officer; Sarah McNeil MD, Medical Staff President; Grant Colfax, MD Contra Costa Director of Health Services; David Lee, Contra Costa Health Services Chief Financial Officer; Harmandeep Madra MSN, RN; Chief Nursing Officer; GUESTS PRESENT: Geena Jester MD, Hospital Medical Director; Andrea Sandler MD, Associate Ambulatory Care Medical Director; Gabriela Sullivan MD, Ambulatory and Specialty Medical Director; Ira Beda Sabio RN, Inpatient Associate Nursing Manager; Leah Carlon, Health Care Risk Manager, Safety & Performance Improvement; Emily Parmenter, Strategic Initiatives; Rajiv Pramanik, Lavonna Martin, Rachel Birch, Matt Kaufmann, Jill Ray, Jackie Zahn, Manny Bowlby, Corticha Flucus; Tom Ta

AGENDA ITEM	ACTION
I. CALL TO ORDER AND INTRODUCTIONS Meeting Chair – Supervisor John Gioia, District I - Meeting called to order at 2:00 PM by Supervisor Gioia - Location of meeting at two locations under the Brown Act: CCRMC Building 1 Conference Room in Martinez; Supervisor Carlson’s office in Pleasant Hill; Public may attend meeting remotely VIA Zoom Webinar or Call In. - Agenda has been posted outside Supervisors’ offices and CCRMC. Public is invited to attend publicly or remotely.	Inform
II. 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> 1 public comment: Via Zoom – Sari Tam, President and CEO of Able Community Development. No public comment.	

III. CONSENT ITEMS: C.1 through C4. APPROVAL OF MINUTES – March 18, 2026 Supervisor Gioia <i>In open session, voting members of Contra Costa Regional Medical Center Joint Conference Committee voted to accept March 18, 2026 Joint Conference Committee minutes.</i> No public comment.	<u>Motion:</u> Supervisor Carlson Second by Carcamo-Molina <u>Ayes:</u> Gioia, Carlson, Carcamo-Molina, Bhandari <u>Abstain:</u> None
IV. ADMINISTRATIVE UPDATE • CEO Report: Chief Executive Officer (David Culberson) introduced Chief Quality Officer (Shannon Abella, MPH). Recruitment on the way of Chief Operation Officer (COO). Currently Shannon Abella in role as Interim COO until filled. • Nurse call system • Parking Structure lack of funding for this project currently on hold with 2-3 year window before starting project. • HR 1 Strategic Planning working with Dr. Colfax to determine what will take place and what is best for our patients. • CCRMC Business Plan Development is working with Tosan Boyo improving hospital and continuing with the referral center. Evaluations on initial short term and medium centers. • Seismic Project update on three projects which are the replacement of food services building, bracing of sprinkle lines, creation 72 hour and removal of staff in ward E. • Additional parking spaces at Martinez Marina have been put in place. • Financial Report: Chief Financial Officer (David D. Lee) and County Manager (Lihn Qwen) spoke on the anticipated \$15 million loss for FY25-26 due to decreased supplemental revenue and increased expenses. A onetime cleanup of capital asset records was requested to improve inventory accuracy and reduce audit risk. We are working on the year post will return with update next July by fiscal year.	<u>Motion:</u> To accept the <u>CEO report</u> By: Carcamo Molina Seconded by Carlson <u>Ayes:</u> Sup Gioia, Sup Carlson, Carcamo-Molina, Bhandari <u>Abstain:</u> None <u>Motion:</u> To accept the <u>Financial Report</u> By: Carlson Seconded by Carcamo-Molina <u>Ayes:</u> Sup Gioia, Sup Carlson, Carcamo-Molina, Bhandari <u>Abstain:</u> None
No public comment.	
VI. MEDICAL STAFF UPDATE Sarah McNeil, M.D., Medical Staff President Focus Concerns with HR1 cuts process for enrolling undocumented patients and what is included in Basic Health Care. Dr. McNeil shared patient experience of dealing with undocumented services. Included request for healthcare employment and generate staff to support our patient working with nursing	<u>Motion:</u> By Carlson Second: Carcamo-Molina <u>Ayes:</u> Gioia, Carlson, Carcamo-Molina, Bhandari

team and health model to provide excellent patient care and not refer patient out. <i>Supervisor Gioia asks to explain The Care Team.</i> The care team – Medical Assistant and those that work with pain management and behind scene baby work. Example of prenatal care. ECM are critical care getting patient in the facility and set up. 4 public comment Marianna Moore – appreciate of story shared on the patient care and human factor. How does the system learn from the story that is shared? Through line of lived experience are critical and why we’re all in this room and would like to say thank. Roxanne Carza – The basic health was launched in April 2024. Met with Ambulatory Staff April 1st to ask for more training need transparency around the infrastructure and accountability for people to learn from this project to build the structure and the west county city to Joanna Girdian- spoke on how to support the project to help those who wanted to enroll in this program understand with specific training and understand the requirements. Joanna is working on a health care program to eligibility requirement needing conversations on how to understand which patients in the committee are eligible. <i>No Public Comment.</i>	<u>Abstain</u>: None
VII. SAFETY AND QUALITY UPDATE Shannon Abella, MPH, Chief Quality Officer on Regulatory update • Shared full accreditation from Joint Commission and successful California Department of Public Health (CDPH) and FDA inspections with upcoming vaccine site visit. • 4/27 & 4/28 California Department of Public Health (CDPH) Emergency Medical Treatment and Labor Act (EMTALA) Survey follow-up from a self-reported incident. No Public Comment. Public comments: Ariana Casanova – Senator Jessie Ergings- District Direct request the county to give patient and there should be a difference, and patient should not be treated the same. Different level for different patient of care.	<u>Motion</u>: Carlson Second by Carcamo-Molina <u>Ayes</u>: Gioia, Carlson, Carcamo-Molina, Bhandari

Sup Gioia – Policy distinction example. Hannah C. – gave example there are different protocol for patient who are incarcerated. Highlight that we do the proper protocol. Look at it as a health situation and not a criminal aspect Marianna Moore – Following progress and asked to wait on approving this policy for interaction protocol. Section D. – we purpose a different language – regarding section E. Mana Pirnia – Primary Care provider working with Gilbert and few others on the policy spoke on criminal vs civil. Regarding how policy do not differ between the two. The ability for undocumented to contact their families. Civil detentions are taken away their rights away. There have been updates since last round in November and be consisted of laws within the state. Need to continue to work on. Gabriel Santel representative for Senator Justin McKean to help implement Bill 61 – immigrant to protect the community happy to partner with county to figure the best way to Vilma Bocanegra – 129A to look at policy and reconsider before voting documentation should be clear on all three SB81 – law was asking fully document incident and have plans set in place and looks in submitting Richard Whipple – leadership cc immigrants’ rights alliance. To make distinction on patients civil and criminal. We want to make sure. That CCRMC provides family patients need emotional and legal support services when they are particularly on site. Rapid response number is not enough. Diana Honig – Healthy collation agree documents are not ready for the JCC to approve today. Protocol needs more specific language outlining facility clinician. Policy complies with federal law. Steven M. – involved with the agreed with more distinction on criminal and civil detention. Unknown comment: - two policies are not ready to be approved. Health Contra Costa – remind everyone the two policy are conflicting one another. When looking at inmate. ICE officers should be directed away and that they should remain in Policies are not ready to be approved and should be. No other comments. POLICY DISCUSSION: • D. 5. Policy 129A Revision Approval - Committee to approve revised Policy 129A with direction to make two sections consistent and follow up with LA County for implementation insights. • D.6. Protocol Acknowledgement - Committee to acknowledge ongoing amendments to ICE protocol by medical staff not a policy.	<u>Motion:</u> Gioia Second by Carlson <u>Ayes:</u> Gioia, Carlson, Bhandari <u>Absent:</u> Carcamo-Molina
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- Reviewed and revised Policy 129A (immigration enforcement), protocol for patients in ICE custody, and inmate patient policy. Key issues included chain of command, civil vs. criminal detention distinctions, staff safety, and compliance with SB-81. Community advocated further revisions, especially regarding patient rights and discharge planning Decisions & Next Steps: - Approved Policy 129A with changes for consistency and direction to review LA County's implementation for potential further updates. - Acknowledged ongoing amendments to ICE custody protocol by medical staff. - Approved inmate patient policy with direction to revisit after learning from LA County's experience. - Deferred closed session to July. <i>D. Culberson – resources of 83 included in the protocol not in the policy (notify chain of command) what staff should do to be more flexible. Gilbert or Hannah welcome to add information.</i> <i>Sup Gioia – 129A was policy that was previously approved and the green line changes are the opposed changes. How would you briefly summarize.</i> <i>D. Culberson – 2 changes – not clear is the direct sup or county on site administrator. What do we do if the ICE if the private areas are not accessible.</i> <i>Sup Gioia – Do the protocol need board approval?</i> <i>D. Culberson – No needed for your approval just bring to your awareness.</i> No Public Comment.			
VIII. Adjourn at 4:13 PM	Inform		
IX. NEXT MEETING: September 16, 2026			
Minutes approved by Chair: Supervisor John Gioia, District I <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"> Supervisor John Gioia </td> <td style="width: 50%; text-align: center;"> Date </td> </tr> </table> Minutes by Corticha Flucus		Supervisor John Gioia	Date
Supervisor John Gioia	Date		



CONTRA COSTA COUNTY

1025 ESCOBAR STREET
MARTINEZ, CA 94553

Staff Report

File #: 26-3163
3.C.2

Agenda Date: 7/15/2026

Agenda #:

JOINT CONFERENCE COMMITTEE EXPEDITED PRIVILEGES SUBCOMMITTEE MINUTES FOR JANUARY

May 18, 2026

VOTING MEMBERS PRESENT: Dayana Carcamo-Molina MD; Tarun Bhandari MD; Sergio Urcuyo, MD, CCRMC Chief Medical Officer, David Culberson, CEO	
GUESTS PRESENT: Aarden, Pyra, MD, Chair, Emergency Department; Katzman, Ken, MD, Division Chair, DFAM-Martinez; Kerbawy, Sofia, MD, Chair, Pediatrics Department-Inpatient; Bhandari, Vijay, MD, Chair, PCP&E Committee; Brooks, Nathan, MD, Division Chair, DFAM-East County; Lee, David, MD, Division Chair, DFAM-Far East Division; Lehman, Trang, MD, Division Chair, DFAM Concord; McNeil, Sarah, MD, Medical Staff President, MEC; Murphy, Usha, MD, Chair, Diagnostic Imaging Department; Gynn, Michael, MD, Chair, Surgery Department; Wondolowski, Lauren, MD, Chair, Administrative Affairs Committee; Wong, Christina, MD, Chair, Department of Obstetrics & Gynecology; Buck, Adam, MD, CMIO; Sullivan; Gabriela, MD, Director, Ambulatory Medicine; Rodelo, Lisa, MD. Gynn, Michael, MD, Chair, Cancer Committee; Madra, Harmandeep, RN, CNO; Abhilasha Jamwal, MD, Pediatrics Outpatient Department, Ayala, Miguel, NP, Chair, Department of Family & Adult Medicine; Garcia, Darleen, DDS, Chair, Dental Department; Jester, Geena, MD, Hospital Medical Director; Initha Elangovan, Chair Critical Care Department, Tarun Bhandari, Director, PES; Peyman Keyashian, MD, Chair, Anesthesia Department; Romito, Leah, MD, Residency Director; Kari Kompaniez, MD, Chair Department of Hospital Medicine; Will Sheldon, MD, Chair, DFAM West County; Sandler, Andrea, MD, Associate Ambulatory Medical Director; Terris Robert, Mediator; Guss, Jenny, Chair, Psychiatry/Psychology Department; Heather Cedermaz, FNP-Chair Credentials Committee; Sefanit Mekuria, MD, Director-Public Health; Park, May, HAS; Tzvieli, Ori, Health Officer; Kaitlin HollandBerry, MD, PROC; Kali Stanger, Associate Medical Director; Atail, Shideh, Pharmacy Director; Tulshian, Priyanka, MD, Chair Utilization Committee, Sutherland, Sonia, MD, Medical Director Detention Health	
Agenda Item	Action
Call to Order Dr. McNeil called the meeting to order at 1:05 P.M.	
Roll Call Voting Committee Members roll call, all present, Quorum reached.	Quorum reached
Approve Expedited Credentialing - Called and approved expedited credentials, voted, passed. Unanimously. - All names on the list were approved by MEC at this meeting:	Approved <u>Ayes:</u> Dr. Carcamo-Molina, Dr. Bhandari, Dr. Urcuyo, David Culberson, CEO <u>Nos:</u> None <u>Abstain:</u> None
ADJOURN	
ADJOURNMENT: Next Meeting Date, June 22, 2026 In Person Building one or Teams	

CCRMC JCC Expedited Privileges Subcommittee meets during the Medical Executive Committee (MEC) Meeting. Call to order reflects MEC convening and is done by the Medical Staff President. Roll call for the Subcommittee occurs when MEC reaches that agenda item of MEC.

Signed by:

Dr Sarah McNeil

E7426480D8C84B9...

Sarah McNeil, MD-Medical Staff President

5/19/2026

Date

GRANT COLFAX, MD
CONTRA COSTA HEALTH DIRECTOR

DAVID CULBERSON
CHIEF EXECUTIVE OFFICER
CONTRA COSTA REGIONAL MEDICAL CENTER
AND HEALTH CENTERS



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Credentials Committee Recommendations to the Medical Executive Committee

The Credentials Committee convened on 5-13-2026. The Credentials Committee makes the following recommendations to the Medical Executive Committee of 5-18-2026.

A. Privilege Packet(s) Approval:

The following privilege packet(s) have been reviewed by the Credentials Committee and are recommended for approval:

Privilege Department	Privilege Modification(s)	PMIS Update(s)
None		

B. Initial Appointments

The following applicants were reviewed by the Credentials Committee. The Committee has made the following recommendations for an appointment:

<u>Applicant</u>	<u>Primary Department</u>	<u>Secondary Department</u>	<u>Staff Category</u>	<u>Discussion/Follow-Up</u>	<u>Recommendations</u>
Bowers, Philip, MD	Psychiatry/ Psychology		Courtesy		Approve
Bleazard, Scott, MD	Diagnostic Imaging		Tele-Rad		Approve
Caruso, Jaylee, MD	DFAM		Active		Approve
Fierro, Mark, MD	OBGYN		Courtesy		Approve
Kaufman, Sarah, E MD	Psychiatry/ Psychology		Courtesy		Approve
Kopp, Alan, MD	Diagnostic Imaging		Tele-Rad		Approve
Lockhart, Ann, MD	OBGYN		Courtesy		Approve

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Loo, Dyani, MD	Psychiatry/ Psychology		Courtesy		Approve
Abramson, Elijah, MD	Emergency Medicine		Courtesy		Approve
Brady, Steven, MD	Psychiatry/ Psychology		Courtesy		Approve
Irani, Meher, MD	Psychiatry/ Psychology		Courtesy		Approve
Lama Tamang, Tenchee, MD	Psychiatry/ Psychology		Courtesy		Approve

C. Reappointments

The following applicants for reappointment were reviewed by the Credentials Committee. The Committee has made the following recommendations for reappointment:

Name	Primary Department	Secondary Department	Category	Exp. Date	Recommendation
Chan, Rodney, J, MD	Surgery		Active	07/31/2026	Approve
Chiu, Jeff, DO	Emergency Medicine		Active	08/01/2026	Approve
Farnitano, Christopher, MD	DFAM		Active	07/31/2026	Approve
Goldstein, David, MD	DFAM		Courtesy	07/31/2026	Approve
Hernandez, Alberto, NP	DFAM		Active	07/31/2026	Approve
Huff, Mary, MD	Diagnostic Imaging		Tele-Rad	08/05/2026	Approve
Hummos, Ali, MD	Psychiatry/Psychology		Courtesy	06/30/2026	Approve
Kalkstein, Jonathan M, MD	Psychiatry/Psychology		Courtesy	07/31/2026	Approve
Kang, Soo Yeon, K, MD	Psychiatry/Psychology		Courtesy	07/31/2026	Approve

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Kaushik, Charisma, MD	Emergency Medicine		Courtesy	08/01/2026	Approve
Urcuyo, Sergio, MD	Critical Care	Hospitalist	Active	06/30/2026	Missing ACLS, Activity letter, training plan, HIPAA, Fee
Varshni, Iyer, MD	Inpatient Pediatrics		Active	07/31/2026	Approve
Malik, Ritu, MD	Emergency Medicine		Active	07/31/2026	Approve
Ortego, Jonathan, MD	Psychiatry/Psychology		Courtesy	07/31/2026	Approve
Patel, Keval, MD	DFAM		Active	07/31/2026	Approve
Poursartip, Maryam, MD	DFAM		Active	07/31/2026	Approve
Santos, Riza, DMD	Dental		Active	07/31/2026	Approve
Steinhart, Rachel, MD	Emergency Medicine		Active	07/31/2026	Approve
Stokes, Michael, DDS	Dental		Active	07/31/2026	Approve
Stout, Eric, DO	DFAM		Active	07/31/2026	Approve
Sutherland, Sonia, MD	DFAM		Active	07/31/2026	Approve
Bhandari, Tarun, MD	Psychiatry/Psychology		Active	07/31/2026	Approve
Doctorvaladan, Sahar V, MD	OBGYN		Active	06/30/2026	Approve
Singh, Indra P, MD	Psychiatry/Psychology		Courtesy	07/31/2026	Approve
Sreenivasan, Meera, MD	DFAM		Active	07/31/2026	Approve
Thompson, Julie, MD	Internal Medicine		Active	07/31/2026	Approve
Tiger, Zachary Lee, MD	Psychiatry/Psychology		Courtesy	08/05/2026	Approve
Wong, Michelle, MD	DFAM		Active	07/31/2026	Approve
Srivastav, Shivani, MD	Outpatient Pediatrics		Active	07/31/2026	Approve
Williams, Sean, MD	Outpatient Pediatrics		Active	08/05/2026	Approve
Mokhtare, Shahrzad, MD	DFAM		Active	07/31/2026	Approve

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Nicholas, Zachary, MD	DFAM		Active	07/31/2026	Needs 1 st and 2 nd trimester proctoring per Ms. Cedermaz
Quon, Samantha, MD	Internal Medicine		Courtesy	08/05/2026	Approve
Tran, Angela, MD	OBGYN		Active	07/31/2026	Approve

D. Amendment of Clinical Privileges

The following providers have requested additional privileges. The Committee has made a recommendation to approve the following privileges:

Provider	Department	Requesting Department
NONE		

E. Resignations/Terminations/Non-Renewals

The following providers clinical privileges were considered for removal:

Provider	Department	Date
Gandhi, Shailesh, MD	Psychiatry/Psychology	Voluntary Resignation 6/01/2026
Loda, Kimberly Ann, MD	Psychiatry/Psychology	Voluntary Resignation 6/01/2026 staying with CCBH
Moskin, Ava, MD	DFAM	Voluntary Resignation 5/11/26
Norton, David R, DO	Psychiatry/Psychology	Voluntary Resignation 6/01/2026 staying with CCBH
Pet, Douglas, MD	Internal Medicine	Voluntary Resignation- 5/5/2026
Beltagui, Amr, MD	Psychiatry/Psychology	Voluntary Resignation- 5/11/2026

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CONTRA COSTA COUNTY

Staff Report

1025 ESCOBAR STREET
MARTINEZ, CA 94553

File #: 26-3164
3.C.3

Agenda Date: 7/15/2026

Agenda #:

Operational Policy Agenda 7/15/26

Title	Area	Summary of Changes	Revised?
Policy for Appropriate Workplace Behavior	Lab	No Comment Provided	Unchanged



Origination	04/2009
Last Approved	N/A
Effective	Upon Approval
Last Revised	04/2009
Next Review	2 years after approval

Owner	Shweta Das: Pathologist Exempt
Area	Lab
Applicability	CCRMC, Health Centers & Detention

Policy for Appropriate Workplace Behavior

POLICY STATEMENT:

PURPOSE:

To fulfill Contra Costa Health Services' commitment to Service Excellence and to ensure optimum patient care by promoting a safe, cooperative, and professional healthcare environment, and to prevent or eliminate conduct that:

- A. Disrupts the operation of the hospital and clinics.
- B. Affects the ability of others to do their jobs.
- C. Interferes with an individual's ability to practice competently; or
- D. Adversely affects or impacts the community's confidence in the hospital's ability to provide quality patient care.
- E. To curtail behavior that directly or indirectly affects the safety and quality of care for patients.

POLICY:

CCHS defines Service Excellence to be providing high quality services with respect and responsiveness for all to meet the CCHS mission. The goal of Service Excellence is positive outcomes for all who use our programs. It is the policy of Contra Costa Regional Medical Center/Health Centers to treat all individuals within its facilities with courtesy, respect, and dignity (**see attached code of conduct**). Contra Costa Regional Medical Center/Health Centers requires that all individuals, including employees, physicians, contractors, agency personnel and other independent practitioners, conduct themselves in a professional and cooperative manner in the hospital and clinics. Contra Costa Regional Medical Center/

Health Centers Administration expects management to address disruptive behavior swiftly and effectively by employees.

- A. Unacceptable employee behavior may include, but is not limited to:
 - 1. Actions that are reasonably felt by others to represent intimidation.
 - 2. Attacks, verbal or physical, leveled on staff, hospital & health center patients/clients or patients' families.
 - 3. Actions/comments leveled at a patient/client in such a way that it intimidates, undermines confidence, belittles, or implies stupidity or incompetence.
 - 4. Actions/comments leveled at staff in front of others while in the workplace or in front of patients/clients.
 - 5. Impertinent and inappropriate comments or illustrations made in patient medical records or other official documents that impugn the quality of care in the hospital & clinics or attacks particular physicians, nurses, other support staff, or hospital policies.
 - 6. Use of abusive or foul language.
 - 7. Shouting, rudeness, or sarcasm.
 - 8. Behavior making or threatening reprisals for reporting disruptive behavior.

GUIDELINES:

AUTHORITY/RESPONSIBILITY:

Contra Costa Health Services Personnel Officer or Designee

PROCEDURE:

Any employee, manager, physician, allied health practitioner, patient, or visitor may report conduct that they deem inappropriate or disruptive.

- A. All Employees
 - 1. Must report inappropriate workplace behavior to your immediate supervisor, giving the date, time, and detailed description of the incident, including any persons that may have witnessed such behavior.
 - 2. Will receive a copy of this policy at their annual evaluation.
 - 3. May call the Employee Assistance Program to help in instituting a plan to manage your stress and promote your personal well-being in order to avoid engaging in inappropriate workplace behavior. Call (925) 930-3661 for an appointment.
- B. Managers/Supervisors
 - 1. Will investigate reports of inappropriate workplace behavior in a timely manner.
 - 2. Contact Health Services Personnel for assistance in determining the appropriate action.
 - 3. Follow-up findings and actions with the Professional Affairs Committee

AUTHORITIY/RESPONSIBILITY:

Contra Costa Regional Medical Center/Health Centers Administration
Manager/Supervisor Staff
Health Services Personnel Officer and Analyst Staff.

RELATED LINKS:

Coworker Code of Professional Conduct

REFERENCES:

- A. The Joint Commission Accreditation of Healthcare Organizations, Standard LD.03.01.01 2009
- B. HSD Service Excellence Policy #117-A
- C. HSD Violence in the Workplace Policy #223-PM
- D. County Anti-Harassment Policy
- E. Memorandum of Understanding with PEU Local 1; CNA; AFSCME Local 2700 and 512; SEIU 1021 and PDOCC

APPROVALS:

Assistant Laboratory Manager:

Laboratory Manager:

Laboratory & Pathology Medical Director:

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
CCRMC Chiefs	David Culberson: CCRMC Chief Executive Officer	06/2026
	Shweta Das: Pathologist Exempt	06/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document



CONTRA COSTA COUNTY

1025 ESCOBAR STREET
MARTINEZ, CA 94553

Staff Report

File #: 26-3165
3.C.4

Agenda Date: 7/15/2026

Agenda #:

Patient Care Policies Agenda 7/15/26

* Indicates policy is pending Medical Executive Committee's approval 7/16/2026

Title	Area	Summary of Changes	Revised?
Policy for Latent Tuberculosis Treatment	Ambulatory Care	No Comment Provided	Revised
Clinical Psychology Privilege	Hospital & Health Centers	No Comment Provided	New
Community Health Privileges	Hospital & Health Centers	No Comment Provided	Unchanged
Developmental Pediatric Privileges	Hospital & Health Centers	No Comment Provided	New
Endocrinology Privileges	Hospital & Health Centers	No Comment Provided	New
General Surgery Privileges	Hospital & Health Centers	No Comment Provided	New
Licensed Mental Health Provider Privilege	Hospital & Health Centers	No Comment Provided	New
Moonlighting Privilege	Hospital & Health Centers	No Comment Provided	New
Neonatology Privilege	Hospital & Health Centers	No Comment Provided	New
Neurosurgery Privilege	Hospital & Health Centers	No Comment Provided	New
Nurse Practitioner Privilege	Hospital & Health Centers	No Comment Provided	New
OB-GYN Privilege	Hospital & Health Centers	No Comment Provided	New
Pain Medicine Privilege	Hospital & Health Centers	Changed name from to Pain Medicine Privilege from Internal Medicine: Pain Medicine Packet. Standardize naming convention	Revised
Pediatric Cardiology Privilege	Hospital & Health Centers	Renamed	New
Pediatric Privileges	Hospital & Health Centers	No Comment Provided	New
Physician Assistant Privilege	Hospital & Health Centers	No Comment Provided	New
Podiatry Privilege	Hospital & Health Centers	No Comment Provided	New
Pre-Licensed Mental Health Provider Privilege	Hospital & Health Centers	No Comment Provided	New
Pulmonology Privileges	Hospital & Health Centers	No Comment Provided	New

Title	Area	Summary of Changes	Revised?
Sleep Medicine Privilege	Hospital & Health Centers	No Comment Provided	New
Urology Privileges	Hospital & Health Centers	No Comment Provided	New
Guidelines for Pain Management Techniques*	Nursing	No Comment Provided	Unchanged
Policy for Blood and Blood Components, Transfusion*	Nursing	Changed EMR to EHR and defined EMR. Changed "physician" to "provider" Updated section N. for transfusion reactions: "In the event of a transfusion reaction, stop transfusion. Change IV set and keep vein open with a new bag of 0.9% normal saline. Notify Transfusion Service/Blood Bank and provider. Perform clerical check. Order for a transfusion reaction evaluation work up. Complete the Transfusion Reaction Evaluation form."	Revised
Policy for Pain Management	Nursing	Necessary additional changes to address non-pharmacological interventions and definition of "timely manner". Approved by Chiefs' in lieu of MEC to allow continued approval workflow for immediate presentation for JCC.	Revised
Policy for Pressure Injuries and Wounds: Prevention and Care	Nursing	Please review and start approvals, high priority. Thank you.	Revised
Policy for Administration of Oxytocin for Induction/Augmentation*	Perinatal	Removed Alaris Pump attachment	Revised
Policy for Neonatal Prostaglandin Drip*	Perinatal	Updated references, modified purpose statement	Revised
Policy for Developmentally Appropriate Oral Feedings For Infants	Perinatal	No Comment Provided	New
Diagnostic Imaging Medication Box*	Pharmacy	No Comment Provided	Unchanged
Policy for Diagnostic Imaging Medication Box*	Pharmacy	Removed approvals section	Revised
Policy for Emergency Medication Supply – Location & Quantity*	Pharmacy	Added Campus Response Medication Kit locations (ED and pharmacy night locker)	Revised

Title	Area	Summary of Changes	Revised?
Policy for Inventory Activities and Reconciliation Reports of Controlled Substances	Pharmacy	1) Minor semantic changes from "Control Level" to "Schedule controlled substances" 2) Formatting changes 3) Removal of Approvals section	Revised
Policy for Processing & Delivery of Outpatient Medications and Floor Stock Orders to Off-Site Locations*	Pharmacy	Changed courier name from "Am-Tran" to "DCS" and updated description of the process. Removed old Am-Tran delivery form related link/stub. Stub was retired.	Revised
Policy for Infant Nasal Bubble Continuous Positive Airway Pressure*	Respiratory	The term “nasal bubble CPAP” is added in the Policy Statement to reflect the complete and proper terminology for the device. References updated.	Revised
Policy for Pediatric High Flow or High Velocity Therapy*	Respiratory	High Velocity Therapy (HVT) is added to reflect the updated clinical practices. References updated.	Revised



Origination 02/2023
 Last Approved N/A
 Effective Upon Approval
 Last Revised 06/2026
 Next Review 3 years after approval

Owner Kelley Taylor: Ambulatory Care Clin Supv
 Area Ambulatory Care
 Applicability CCRMC, Health Centers & Detention

Policy for Latent Tuberculosis Treatment

POLICY STATEMENT:

To outline nursing staff responsibilities and protocols when reviewing LTBI therapy and the monitoring and follow-up of patients completing LTBI treatment ~~with Rifampin (RIF), and Rifabutin (RBT), Isoniazid (INH)+Rifapentine, Isoniazid+Rifampin (3HR) or Isoniazid alone (9H/6H).~~

GUIDELINES:

- ~~A. Any positive tuberculin skin test (TST) or IGRA test can be evaluated by the LTBI nurse with a tuberculosis risk assessment and follow-up with a primary care provider to assess the need for LTBI treatment (See VII.2).~~
- ~~B. Patients who are started on treatment for LTBI are to be referred to the LTBI nurse and monitored monthly to screen for adverse drug reactions and assess for medication adherence.~~
- ~~C. The following patients should be reported to the public health department and referred to Chest Clinic for initial evaluation. A CMR (available on iSite) should be completed and faxed to CGPH (925-313-6465). Once active TB has been excluded, LTBI treatment and monitoring can be referred to the LTBI nurse.~~
 - ~~1. Any child under the age of 5 years (up to 5th birthday).~~
 - ~~2. Immigrants with a B notification TB waiver (with an abnormal CXR)~~
- ~~D. Symptoms consistent with TB (i.e. cough, fever, weight loss, night sweats etc) should have an urgent CXR PA/LAT ordered. If the patient has a cough, instruct the patient to wear a mask.~~

- ~~E. Abnormal CXR with any of the following notes in the official report:~~
- ~~1. Upper lung zone infiltrate;~~
 - ~~2. Cavitory infiltrate;~~
 - ~~3. Upper lung zone fibronodular lesions;~~
 - ~~4. Pleural effusion in the absence of another diagnosis (e.g. malignancy);~~
 - ~~5. Hilar or mediastinal adenopathy, in the absence of another diagnosis (e.g. sarcoidosis);~~
 - ~~6. Any other radiographic finding considered suspicious by the Radiologist for TB, including "old granulomatous disease"~~
- ~~F. Consult with the ordering provider, case management team officer of the day, or on-call TB consultant for any symptoms consistent with TB or abnormal CXR reports that are not otherwise read as "negative"~~
- A. Any positive tuberculin skin test (TST) should then have an IGRA (QuantiFERON-TB) ordered.
- B. Any positive IGRA test should then have a chest x-ray ordered and be screened for symptoms to rule out active TB.
- C. Patients with a positive IGRA and negative chest x-ray are referred to the LTBI Clinic.
- D. Symptoms consistent with TB (i.e. cough, fever, weight loss, night sweats, etc.) should have an urgent CXR PA/LAT ordered. If the patient has a cough, instruct the patient to wear a mask.
- E. Consult with the ordering provider, case management team, officer of the day, or on-call TB consultant for any symptoms consistent with TB or abnormal CXR reports that are not otherwise read as "negative". Abnormal CXR with any of the following notes in the official report:
1. Upper lung zone infiltrate;
 2. Cavitory infiltrate;
 3. Upper lung zone fibronodular lesions;
 4. Pleural effusion in the absence of another diagnosis (e.g. malignancy);
 5. Hilar or mediastinal adenopathy, in the absence of another diagnosis (e.g. sarcoidosis);
 6. Any other radiographic finding considered suspicious by the Radiologist for TB, including "old granulomatous disease"
- F. Patients who are treated for LTBI await contact by the LTBI nurse before commencing treatment and are monitored monthly to screen for adverse drug reactions and assessment off medication adherence.
- G. Any child under the age of 5 years old, in which there is a concern for local exposure (rather than foreign exposure) should be reported to the public health department. A CMR (available on iSite) should be completed and faxed to CCPH (925-313-6465). Once active TB has been excluded, LTBI treatment and monitoring can be referred to the LTBI nurse.

RELATED LINKS:

[Procedure for Latent Tuberculosis Treatment](#)

REFERENCES:

- A. National Tuberculosis Controllers Association / National Society of Tuberculosis Clinicians "Testing and Treatment of Latent Tuberculosis Infection in the United States: Clinical Recommendations" ~~2021~~2025 (https://www.tbcontrollers.org/resources/tb-infection/clinical-recommendations/LTBI_Clinical_Guide_Feb2025_FINAL.pdf)
- B. Centers for Disease Control and Prevention "Latent Tuberculosis Infection: A Guide for Primary Health Care Providers" June 2020 <https://www.cdc.gov/tb/publications/ltni/pdf/LTBIbooklet508.pdf>
- C. TB Classification represents a systematic way to assess and diagnose TB, the following classification should be used when determining the patient need for TB treatment:
 - T0 – No TB exposure, not infected
 - T1 – TB Exposure, no evidence of infection
 - T2 – (Reactor, Converter or Contact) LTBI Infection, no disease
 - T3 – Active TB (Designate site of disease)
 - T4 – TB disease, not clinically active (i.e. Abnormal CXR with negative sputum)
 - T5 – TB Suspect (pending workup or diagnosis)

APPROVALS:

~~Ambulatory Clinical Practice Committee: 2/2023~~

~~Ambulatory Policy Committee: 5/2023~~

~~Medical Executive Committee: 6/2023~~

Approval Signatures

Step Description	Approver	Date
Medical Executive Committee	Sarah E. Mcneil	Pending
Ambulatory Policy Committee	Laura R. Colebourn [LC]	06/2026
Ambulatory Clinical Practice Committee	Helena Martey: Director of Ambulatory Nursing	02/2026
	Kelley Taylor: Ambulatory Care Clin Supv	02/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

Status **Pending** PolicyStat ID **20621400**



Origination	N/A	Owner	Heather Cedermaz: Family Nurse Practitioner
Last Approved	N/A	Area	Hospital & Health Centers
Effective	Upon Approval	Applicability	CCRMC, Health Centers & Detention
Last Revised	N/A		
Next Review	3 years after approval		

Clinical Psychology Privilege

see attachment

Attachments

[Clinical Psychology Privilege](#)

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document



Clinical Psychology Privileges

Name:
(Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s).** [Experience can be from direct patient care, precepting, CCRMC simulation lab, or documented outside trainings. Medical Staff Office can help you pull relevant reports from EPIC.](#)

Required Qualifications

Education/Training	Doctorate degree (Ph.D. or Psy.D.) in psychology from an American Psychological Association (APA)- accredited educational institution and at least two years of clinical experience in an organized healthcare setting supervised by a licensed psychologist, one year of which must have been post-doctoral, and completion of an internship accredited by the APA
Certification	Current active certification and license to practice issued by the State Board of Examiners of Psychologists is required for applicants and reapplicants.
Continuing Education	

For EACH core privilege requested, you must demonstrate the following Clinical Experience:

Clinical Experience (Initial)	Documented current competence and provision of care, treatment, or services, including supervision of psychology students/interns/residents for at least 200 patient visits within the past 24 months, or completion of training within the past 24 months. Experience must correlate with the privileges requested. AND Clinical psychologists hired to work in Ambulatory Care/Primary Care/CCHS Health Centers should have a minimum of one year of experience providing integrated behavioral health services in a medical setting.
Clinical Experience (Reappointment)	An adequate volume of experience (patient visits, including supervision of psychology students/interns/residents) within the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes. Experience must correlate to the privileges requested.

Clinical Psychology Core Privileges

Applicant: initial to request	For Core Privileges: you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to recommend
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(initials)	Diagnose, provide treatment and consultation to children, adolescent, and adult patients who suffer from mental, behavioral, or emotional disorders. Assess patients to determine the nature, causes, and potential effects of personal distress; of personal, social, and work dysfunctions; and the psychological factors associated with physical, behavioral, emotional, nervous, and mental disorders, through interviews, behavioral assessments, and the administration and interpretation of tests of intellectual abilities, aptitudes, personal characteristics, and other aspects of human behavior relative to the disturbance. Clinical psychologists may provide care to patients in the intensive care setting. They may assess, stabilize, and determine disposition of patients with emergent <u>conditions</u> regarding emergency and consultative call services. Clinical Psychology procedures include but are not limited to: perform psychiatric evaluation; and obtain social and psychological admission history. Intervention procedures include but are not limited to: family assessment/therapy; group therapy; marital or couples therapy; psychological assessment; psychotherapy (evidence-based); personal enhancement; and behavior modification. Assessment procedures include but are not limited to: structured and unstructured interviews; administration and interpretation of standardized screening measures; evaluations; measures of intelligence and achievement; objective and projective personality test; direct observation; functional analysis of behavior and behavioral rating scales; tests of cognitive impairment and higher cortical functioning; physiological measures; analysis of archival data; milieu measures; batteries of techniques consisting of one or more of the above; and assessment and integration of psychological components of medical conditions/illnesses.	(initials)
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Clinical Psychology Special/Non-Core Privileges

To obtain these privileges, you must provide documentation of the minimum number of procedures required (provider, supervising attending, or during department in-service). Privileges will be considered based on applicability, scope of practice, and documentation of experience.

Applicant: initial to request	Non-core privileges are requested individually, in addition to requesting core privileges.	Division / Dept Chair: initial to recommend
(initials)	Neuropsychological Testing <i>Initial Appointment:</i> The equivalent of two (full-time) years of experience and specialized training, at least one of which is at the post-doctoral level in the study and practice of clinical neuropsychology or related neurosciences. These two years include supervision by a neuropsychologist. <u>AND</u> A license to practice psychology and/or clinical neuropsychology or is employed as a neuropsychologist by an exempt agency <u>OR</u> the equivalent in training and experience. <u>AND</u> Documented current experience: Evidence of the performance of at least 50 neuropsychological testing visits or procedures within the past 24 months, or completion of training that included supervision by a neuropsychologist within the past 24 months. <i>Renewal/Reappointment:</i> Documented current competence and the performance of at least 50 neuropsychological testing visits within the past 24 months.	(initials)

Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL iFPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center Hospital and Clinics, and I understand that:

- a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider’s Signature: _____ **Date:** _____

DEPARTMENT CHAIR’S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- ☐ **Recommend All Requested Privileges**
- ☐ **Recommend Privileges with the Following Conditions/Modifications:**
- ☐ **Do Not Recommend the Following Requested Privileges:**

Privilege	Condition/Modification/Explanation

Notes:

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____



Origination	10/2025	Owner	Heather Cedermaz: Family Nurse Practitioner
Last Approved	N/A	Area	Hospital & Health Centers
Effective	Upon Approval	Applicability	CCRMC, Health Centers & Detention
Last Revised	11/2025		
Next Review	3 years after approval		

Community Health Privileges

Please see attached file.

Attachments

[Community Health Privileges.docx](#)

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document



Critical Care Medicine Delineation of Privileges

Name: _____
Effective From: ____/____/____ to ____/____/____

Instructions:

1. Check the Request checkbox to each privilege in the Core Privileges or Special Non-Core Privileges section.
2. Sign form and submit with the required documentation.

Required Qualifications	
Education/Training	Pathway A: Successful completion of an ACGME or AOA-accredited residency in the relevant medical specialty and successful completion of an accredited fellowship in Critical Care Medicine. Pathway B: Successful completion of an ACGME or AOA-accredited residency in Family Medicine or Internal Medicine and department-approved experience equivalent to Critical Care fellowship.
Certification	Current certification or Board eligibility in the examination process leading to subspecialty certification in Critical Care Medicine by the ABMS or AOA. Or Current certification or Board eligibility in the examination process leading to certification in Family Medicine by the American Board of Family Medicine (ABFM), or Internal Medicine by the American Board of Internal Medicine (ABIM) or American Osteopathic Board of Family Physicians (AOBFP), or American Osteopathic Board of Internal Medicine (AOBIM).
Continuing Education	Maintenance of Certification (MOC) or Osteopathic Ongoing Certification is required. Applicant must provide 50 Category I CMEs from the past 24 months. (Waived for applicants who completed training during the past 24 months)
Clinical Experience (Initial)	Applicant must provide a clinical activity/procedure log documentation of provision of care of at least 50 inpatients in the critical care unit, reflective of the scope and complexity of the privileges requested during the past 24 months. (Waived for applicants who completed training during the past 24 months)
Clinical Experience (Reappointment)	Applicant must provide a clinical activity/procedure log documentation of provision of care of an adequate volume of experience 50 patients with acceptable results, reflective of the scope and complexity of the privileges requested during the previous 24 months based on results of ongoing professional practice evaluation and outcomes.
Other Requirements	Current ACLS required. This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet. Note that privileges granted may only be exercised at the site(s) designated by CCRMC and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.

Name:
Effective From: ____/____/____ to ____/____/____

Critical Care Core Privileges

Check the appropriate box of each privilege/procedure requested.

Request	Chair Recommends
<input style="margin-right: 10px;" type="checkbox"/> The practitioner is authorized to admit, evaluate, diagnose, and manage adult patients with multisystem organ dysfunction and life threatening conditions requiring critical care. Responsibilities include the assessment and stabilization of emergent conditions, coordination of patient disposition, performance of approved procedures, and provision of consultative services across acute and intensive care settings. Care will be delivered in accordance with institutional policies, demonstrated competency, and recognized professional standards. General Critical Care and Emergency Responsibilities • Admit, evaluate, diagnose, and provide treatment or consultative services for adult patients with multiple organ dysfunction and in need of critical care for life threatening disorders. • Assess, stabilize, and determine the disposition of patients with emergent conditions regarding emergency and consultative call services. • Management of critical illness in pregnancy. • Management of life threatening disorders in intensive care units, including but not limited to shock, coma, heart failure, trauma, respiratory arrest, drug overdoses, massive bleeding, diabetic acidosis, and kidney failure. • Performance of history and physical examination. • Ventilator management, including experience with various modes and continuous positive airway pressure therapies. • Preliminary interpretation of imaging studies. • Wound care. Airway and Respiratory Procedures • Airway maintenance and intubation, including fiberoptic bronchoscopy and laryngoscopy. • Needle and tube thoracostomy. • Percutaneous cricothyrotomy tube placement.	☐

Name:
Effective From: ____/____/____ to ____/____/____

	Vascular Access and Circulatory Procedures • Arterial puncture and cannulation. • Insertion of central venous and arterial catheters. • Insertion of hemodialysis catheters. • Cardiopulmonary resuscitation. • Cardioversion and defibrillation. • Pericardiocentesis. Diagnostic and Image Guided Procedures • Image guided procedures (Point of Care Ultrasound). • Lumbar puncture. • Paracentesis. • Thoracentesis. Conscious Sedation with Ketamine and Propofol	
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Special Non-Core Privileges

Non-core privileges are requested individually, in addition to requesting core privileges. To request these privileges, the specific threshold criteria must be met.

Check the appropriate box of each privilege/procedure requested.

Request		Chair Recommends
☐	Fluoroscopy	☐
	Criteria: Current Fluoroscopy or Radiology X-Ray Supervisor and Operator Permit from CDPH.	

Focused Professional Practice Evaluation (FPPE) Requirements

1. Retrospective or concurrent proctoring (chart review or direct observation) of at least 9 hospitalized patients in the care of whom the applicant significantly participated. FPPE/proctoring must be representative of the provider's scope of practice.
2. Concurrent proctoring (direct observation) of at least 3 different procedures that are representative of procedures regularly preformed in the department. FPPE/proctoring must be representative of the provider's scope of practice.
3. FPPE/Proctoring is also required for at least one (1) procedure/case of each of the requested "non-core" privileges.
4. If the provider does in and outpatient work, he/she needs to be proctored in both.

Name: _____
Effective From: ____/____/____ to ____/____/____

5. FPPE should be concluded as soon as possible (i.e. within the first 3-4 months after starting work at CCRMC).
6. Completed FPPE forms must be submitted to the Credentialing Office.
7. It is the applicant's ultimate responsibility to make sure that FPPE and submission of all required paperwork to the Credentialing Office takes place in a timely manner. Failure to do so may result in loss or limitation of privileges.
8. **For low volume providers: please see separate FPPE/proctoring guidelines.**
9. **For more detailed information, please see separate FPPE/proctoring guidelines.**

ACKNOWLEDGMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center, and I understand that:

- a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Practitioner's Signature: _____

Date: _____

DEPARTMENT / DIVISION CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- ☐ **Recommend All Requested Privileges**
- ☐ **Recommend Privileges with the Following Conditions/Modifications:**
- ☐ **Do Not Recommend the Following Requested Privileges:**

Name:
Effective From: ____/____/____ to ____/____/____

Privilege	Condition/Modification/Explanation

Notes:

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____



Origination	N/A	Owner	Heather Cedermaz: Family Nurse Practitioner
Last Approved	N/A	Area	Hospital & Health Centers
Effective	Upon Approval	Applicability	CCRMC, Health Centers & Detention
Last Revised	N/A		
Next Review	3 years after approval		

Developmental Pediatric Privileges

see attachments

Attachments

[Developmental Pediatrics Privileges](#)

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document



Developmental Pediatrics Privileges

Name:
(Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s).** Experience can be from direct patient care, precepting, CCRMC simulation lab, or documented outside trainings. Medical Staff Office can help you pull relevant reports from EPIC.

Required Qualifications

Education/Training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited residency in Pediatrics, followed by a fellowship in Developmental - Behavioral Pediatrics.
Certification	Current certification or Board eligibility (with achievement of certification within the required time frame set forth by the Board) leading to certification by the Sub-Board of Developmental-Behavioral Pediatrics administered by the American Board of Pediatrics. Board certification in General Pediatrics is required prior to Sub-Board Certification.
Continuing Education	As per California license and section-specific requirements below.

For EACH core privilege requested, you must demonstrate the following Clinical Experience:

Clinical Experience (Initial)	Documentation of required current experience: Documentation of developmental/behavioral pediatric services for at least 200 patients, reflective of the scope of privileges requested or successful completion of fellowship within the past 24 months. Please provide clinical activity log.
Clinical Experience (Reappointment)	Documentation of developmental/behavioral pediatric services for at least 200 patients, reflective of the scope of privileges requested based on Ongoing Professional Performance Evaluation (OPPE) and outcomes within the past 24 months.

Developmental Pediatrics Core Privileges

Applicant: initial to request	For Core Privileges: you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to recommend
(initials)	Developmental Pediatrics Core Privileges Evaluate, diagnose, treat, and provide consultation to patients from birth to young adulthood (21 years of age) concerning their physical, emotional, and social health as it pertains to developmental difficulties and problematic behaviors. Developmental-Behavioral Pediatrics • Performance of history and physical exam • Assessment of behavioral adjustment and temperament • Behavioral screening and surveillance techniques • Developmental screening and surveillance techniques • Interviewing and assessment of family history and functioning • Neurodevelopmental assessment • Psychiatric interviewing and diagnosis • Patient management skills, including but not limited to the following: – Anticipatory guidance – Behavioral treatment methods – Developmental interventions – Individual and family counseling – Psychopharmacotherapy	(initials)

Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL iFPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center

Hospital and Clinics, and I understand that:

- a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider's Signature: _____

Date: _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- ☐ **Recommend All Requested Privileges**
- ☐ **Recommend Privileges with the Following Conditions/Modifications:**
- ☐ **Do Not Recommend the Following Requested Privileges:**

Privilege	Condition/Modification/Explanation

Notes:

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____



Origination	N/A	Owner	Heather Cedermaz: Family Nurse Practitioner
Last Approved	N/A		
Effective	Upon Approval	Area	Hospital & Health Centers
Last Revised	N/A		
Next Review	3 years after approval	Applicability	CCRMC, Health Centers & Detention

Endocrinology Privileges

see attachment

Attachments

[Endocrinology Privileges.pdf](#)

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document



Endocrinology Privileges

Name:
(Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s). Experience can be from direct patient care, precepting, CCRM simulation lab, or documented outside trainings.** Medical Staff Office can help you pull relevant reports from EPIC.

Required Qualifications

Education/Training

Pathway A: Documentation of successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited postgraduate training program in the relevant medical specialty and successful completion of an accredited fellowship in Endocrinology.

OR

Pathway B: Documentation of successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited postgraduate training program in Internal Medicine and Department approved appropriate experience.

Certification

Pathway A: Documentation of current subspecialty certification or Board eligibility (with achievement of certification within the required time frame set forth by the respective Boards) leading to subspecialty certification in Endocrinology by the relevant American Board of Medical Specialties or the American Osteopathic Board.

OR

Pathway B: Documentation of Board Certification or Board Eligibility in Internal Medicine (with achievement of certification within the required time frame set forth by the respective Boards) by the American Board of Internal Medicine (ABIM), or American Osteopathic Board of Internal Medicine (AOBIM)

Continuing Education

Education sufficient to maintain license and certification in accordance with professional license and certification boards

Initial Applicants

Documented current experience: Inpatient/outpatient care of least 200 patients with endocrine disorders, reflective of the scope of privileges requested, within the past 24 months, or successful completion of an ACGME- or AOA-accredited residency, or clinical fellowship within the past 24 months. Please provide a clinical activity/procedure log.

Renewal

Documented competence and 200 patient encounters with endocrine disorders with acceptable

results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Endocrinology, Diabetes, and Metabolism Core Privileges

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.

Applicant: initial to request	For Core Privileges: you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to recommend
☐	Admit, evaluate, diagnose, treat, and provide consultation to adolescent and adult patients with injuries or disorders of the internal (endocrine) glands, such as the thyroid and adrenal glands. Includes management of disorders such as diabetes, metabolic and nutritional disorders, obesity, pituitary diseases, and menstrual and sexual problems. May provide care to patients in the intensive care setting. Assess, perform history and physical and consult to determine disposition of patients with emergent conditions regarding emergency and consultative call services in the emergency department, in patient or intensive care setting. Interpret laboratory studies, hormone assays, performance and interpretation of stimulation and suppression tests, performance of fine needle aspiration of thyroid with ultrasound guidance	☐

Administration of Sedation and Analgesia Non-Core Privileges

To obtain these privileges, you must provide documentation of the minimum number of procedures required (provider, supervising attending, or during department in-service). Privileges will be considered based on applicability, scope of practice, and documentation of experience.

Applicant: initial to request	Non-core privileges are requested individually, in addition to requesting core privileges.	Division/ Dept Chair: initial to recommend
☐	☐ Conscious Sedation (e.g. versed, morphine, fentanyl) – DOES NOT INCLUDE USE OF KETAMINE OR PROPOFOL ☐ Ketamine (test required every 2 years) ☐ Propofol (test required every 2 years) <i>Initial Request:</i> Successful completion of an ACGME– or AOA–accredited post graduate training program which included training in administration of sedation and analgesia, including the necessary airway management skills, or department approved extra training and experience. AND Documented current competence and evidence of the performance of at least 5 cases (can be any combination) within the past 24 months, or completion of training within the past 24 months. Please provide clinical activity/procedure log. <i>Renewal/Reappointment:</i> Documented current competence and evidence of the performance of at least 5 cases (can be any combination) within the past 24 months.	☐

Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL iFPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center Hospital and Clinics, and I understand that:

- a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider's Signature: _____ **Date:** _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- ☐ **Recommend All Requested Privileges**
- ☐ **Recommend Privileges with the Following Conditions/Modifications:**
- ☐ **Do Not Recommend the Following Requested Privileges:**

Privilege	Condition/Modification/Explanation

Notes:

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____

Status **Pending** PolicyStat ID **20622270**



Origination	N/A	Owner	Heather Cedermaz: Family Nurse Practitioner
Last Approved	N/A	Area	Hospital & Health Centers
Effective	Upon Approval	Applicability	CCRMC, Health Centers & Detention
Last Revised	N/A		
Next Review	3 years after approval		

General Surgery Privileges

see attachment

Attachments

[General Surgery Privileges](#)

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document



General Surgery Privileges

Name:
(Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s). Experience can be from direct patient care, precepting, CCRM simulation lab, or documented outside trainings.** Medical Staff Office can help you pull relevant reports from EPIC.

Required Qualifications

Education/Training	Documentation of successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited residency in general surgery.
Certification	Documentation of current Board certification or board eligible (with achievement of certification within the required time frame set forth by the respective Boards) leading to certification in general surgery by the American Board of Surgery or the American Osteopathic Board of Surgery.
Continuing Education	Education sufficient to maintain license and certification in accordance with professional license and certification boards.

For EACH core privilege requested, you must demonstrate the following Clinical Experience:

Initial Applicants	Minimum 100 general surgery procedures, reflective of the scope of privileges requested, within the past 24 months, or documented successful completion of an ACGME– or AOA– accredited residency or clinical fellowship within the past 24 months. Please provide a clinical activity/procedure log.
Renewal	Current documented competence and an adequate volume of experience 100 surgical patients) with acceptable results, reflective of the scope of privileges requested, within the past 24 months based on results of ongoing professional practice evaluation and outcomes.

General Surgery Core Privileges

Applicant: initial to request	For Core Privileges: you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to recommend
☐	<i>Initial request:</i> Admit, evaluate, diagnose, consult, perform history and physical, and provide pre-, intra-, and postoperative care and perform surgical procedures to patients of all ages to correct or treat various conditions, diseases, disorders, and injuries of the following: alimentary tract; skin, soft tissues, and breast; endocrine system; head and neck; surgical oncology; trauma (in emergency) and the vascular system. May provide care to patients in the intensive care setting, as well as any other appropriate location in the Hospital or Health centers. Assess, stabilize, and determine disposition of patients with emergent conditions regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the list below and such other procedures that are extensions of the same techniques and skills, as determined by the department chair. • Abdominoperineal resection • Anorectal surgery (fistula, rectal lesion, hemorrhoidectomy, including stapled hemorrhoidectomy, incision/drainage and debridement of perirectal abscess) • Appendectomy • Breast: complete mastectomy with or without axillary lymph node dissection; excision of breast lesion, breast biopsy, incision and drainage of abscess, modified radical mastectomy, operation for gynecomastia, partial mastectomy with or without lymph node dissection, radical mastectomy, subcutaneous mastectomy. • Colon surgery for benign or malignant disease, including colotomy, colostomy • Correction of intestinal obstruction • Drainage of intra-abdominal, deep ischio-rectal abscess • Endocrine surgery (thyroidectomy and neck dissection, parathyroidectomy) • Endoscopy (anoscopy, proctosigmoidoscopy - rigid with biopsy, with polypectomy/tumor excision, colonoscopy with polypectomy, esophagogastroduodenoscopy (EGD) with or without biopsy/PEG placement, intraoperative) • Enterostomy (feeding or decompression) • Excision of pilonidal cyst/marsupialization • Exploration and repair of traumatic soft tissue, musculo-facial injury • Exploration laparotomy for traumatic injury • Gastric operations for cancer (radical, partial, or total gastrectomy) • Gastroduodenal surgery • Incision and drainage of abscesses and cysts • Incision and drainage of pelvic abscess • Initial evaluation and management of the neuro trauma patient • IV access procedures, central venous catheter, and ports • Laparoscopic procedures (diagnostic, appendectomy, cholecystectomy, lysis of adhesions) – Laparotomy for diagnostic or exploratory purposes, or for management of intra-abdominal sepsis or trauma • Liver biopsy (intra operative), liver resection • Lower extremity amputations including: above knee, and below knee; trans metatarsal, and digits • Management of burns • Management of intra-abdominal trauma, including injury, observation, paracentesis, and lavage	☐

	• Management of multiple trauma • Management of soft-tissue tumors, inflammation and infection • Management of trauma patients in ICU setting • Operations of gallbladder, biliary tract, bile ducts, and hepatic ducts, excluding biliary tract reconstruction • Peritoneal drainage procedures for relief of ascites • Pyloromyotomy • Radical regional lymph node dissections • Repair of perforated viscus (gastric, small intestine, large intestine) • Scalene node biopsy • Selective vagotomy • Skin grafts (partial thickness, simple) • Small bowel surgery for benign or malignant disease, incision, excision, resection, and enterostomy of small intestine • Splenectomy (trauma, staging, therapeutic) • Surgery of the abdominal wall, including management of all forms of hernias, including diaphragmatic hernias, and orchiectomy in association with hernia repair • Surgical treatment of penetrating or crush injuries where soft tissue, musculo-skeletal or organ trauma has occurred • Thoracentesis • Tracheostomy • Tube thoracostomy • Vein ligation and stripping •	
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To obtain non-core privileges, you must provide documentation of the minimum number of procedures required (provider, supervising attending, or during department in-service). Privileges will be considered based on applicability, scope of practice, and documentation of experience.

Applicant: initial to request	Non-Core Privileges Non-core privileges are requested individually, in addition to requesting core privileges.	Division/ Dept Chair: initial to recommend
☐	<i>Initial request:</i> To be eligible to apply for a special procedure/technique listed below, the applicant must meet the qualifications for General Surgery Core Privileges and document successful completion of an approved/recognized course, or acceptable supervised training in a residency or fellowship that included hands-on training under the supervision of a qualified preceptor for the privilege requested below, and provide documentation of competence in performing at least the minimum required for that procedure within the past 24 months, and meet any additionally listed criteria. <i>Renewal/Reappointment:</i> To be eligible for reappointment, the applicant must be able to document that they have maintained competence by showing evidence that they have successfully performed at least the minimum required for that procedure within the past 24 months, based on results of ongoing professional practice evaluation and outcomes.	☐
☐	Advanced Laparoscopic Procedures: Such as colectomy, splenectomy, Adrenalectomy, Nephrectomy, Nissen, Fundoplication, Inguinal Hernia Repair, etc. Requirement: Minimum of 3 (three) procedures during the past 24 months.	☐
☐	Administration of Sedation and Analgesia:	☐

	Conscious Sedation (e.g. versed, morphine, fentanyl) – DOES NOT INCLUDE USE OF KETAMINE OR PROPOFOL Ketamine (test required every 2 years) Propofol (test required every 2 years) <i>Initial request:</i> Successful completion of an ACGME– or AOA–accredited post graduate training program which included training in administration of sedation and analgesia, including the necessary airway management skills, or department-approved extra training and experience. AND Documented current competence and evidence of the performance of at least 5 cases (can be any combination) within the past 24 months, or completion of training within the past 24 months. Please provide clinical activity/procedure log. <i>Renewal/Reappointment:</i> Documented current competence and evidence of the performance of at least 5 cases (can be any combination) within the past 24 months.	
☐	Fluoroscopy Privilege to operate and/or supervise operation of fluoroscopy equipment. Requirement: Current Fluoroscopy or Radiology X-Ray Supervisor and Operator Permit from CDPH.	☐

Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL iFPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center Hospital and Clinics, and I understand that:

- In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider's Signature: _____

Date: _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- ☐ **Recommend All Requested Privileges**
- ☐ **Recommend Privileges with the Following Conditions/Modifications:**
- ☐ **Do Not Recommend the Following Requested Privileges:**

Privilege	Condition/Modification/Explanation

Notes:

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____

Status **Pending** PolicyStat ID **20621406**



Origination	N/A	Owner	Heather Cedermaz: Family Nurse Practitioner
Last Approved	N/A	Area	Hospital & Health Centers
Effective	Upon Approval	Applicability	CCRMC, Health Centers & Detention
Last Revised	N/A		
Next Review	3 years after approval		

Licensed Mental Health Provider Privilege

see attachment

Attachments

[Licensed Mental Health Provider Privilege](#)

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document



Licensed Mental Health Provider Privileges

Name:
(Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/attestations/certificate(s)**. Experience can be from direct patient care, clinical supervision or documented outside trainings. Medical Staff Office can help you pull relevant reports from EPIC.

Required Qualifications

LCSW (Licensed Clinical Social Worker)

Education/Training

Possession of a Masters degree from a college or university accredited by the Commission on Accreditation of the Council on Social Work Education, with major in psychology, social work, counseling, or a closely related field.

Once registered with the Board of Behavioral Sciences, minimum (2) years or 3,200 hours of qualifying supervised hours providing mental health services, to include passing of Licensing and Law & Ethics Exams.

36 hours of continuing education (CE) for the first license renewal cycle (two years) and for each subsequent renewal cycle of two years, 36 hours of CE plus 6 hours of Law & Ethics are required

Certification

A valid license issued by the State of California, Board of Behavioral Sciences, as an LCSW

OR

LMFT (Licensed Marriage and Family Therapist)

Education/Training

Possession of a Masters Degree from an accredited college or university with a major in marriage and family therapy, mental health counseling or closely related field.

Once registered with the Board of Behavioral Sciences, minimum (2) years or 3,000 hours of qualifying supervised hours, to include passing of Licensing and Law & Ethics Exams.

36 hours of continuing education (CE) for the first license renewal cycle (two years) and for each subsequent renewal cycle of two years, 36 hours of CE plus 6 hours of Law & Ethics are required

Certification

A valid license issued by the State of California, Board of Behavioral Sciences, as an LMFT

OR

LPCC (Licensed Professional Clinical Counselor)

Education/Training	Possessions of a Masters Degree from an accredited college or university with a major in Professional Clinical Counseling, mental health counseling or closely related field. Once registered with the Board of Behavioral Sciences, minimum (2) years or 3,000 hours of qualifying supervised hours, to include passing of Licensing and Law & Ethics Exams. 36 hours of continuing education (CE) for the first license renewal cycle (two years) and for each subsequent renewal cycle of two years, 36 hours of CE plus 6 hours of Law & Ethics are required
Certification	A valid license issued by the State of California, Board of Behavioral Sciences as an LPCC

For the core privilege requested, you must demonstrate the following:

Clinical Experience (Initial)	Documented current competence and provision of care, treatment, or services, including 200 patient visits within the past 24 months, or completion of training within the past 24 months. Experience must correlate with the privileges requested. <u>AND</u> Clinicians hired to work in Ambulatory Care/Primary Care/CCHS/Public Health Centers should have a minimum of one year of experience providing integrated behavioral health services in a medical setting.
Clinical Experience (Reappointment)	An adequate volume of experience 200 patient visits, which can include hours of supervision to social work/marriage and family associates/interns, within the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes. Experience must correlate to the privileges requested.

Clinical Behavioral Health Core Privileges

Applicant: initial to request	For Core Privileges: you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to recommend
(initials)	Assess, diagnose, provide treatment, prevention and consultation to children, adolescent, and adult patients who suffer from mental, behavioral, or emotional disorders. Assess patients to determine the nature, causes, and potential effects of personal distress; of personal, social, and work dysfunctions; and the psychological factors associated with physical, behavioral, emotional, nervous, and mental disorders, through clinical interviews, behavioral assessments, and standardized measures. Clinical providers may provide care to patients in the intensive care setting. They may assess, stabilize, and determine disposition of patients with emergent <u>conditions</u> regarding emergency and consultative call services. Behavioral Health procedures include but are not limited to: perform mental health assessment; obtain social and psychological admission history; support discharge planning and coordination. Intervention procedures include but are not limited to: family assessment/therapy; group therapy; marital or couples therapy; psychological assessment; psychotherapy (evidence-based); personal enhancement; substance use prevention, including harm reduction and behavior modification; suicidal and homicidal assessment, safety planning and crisis de-escalation. Assessment procedures include but are not limited to: structured and unstructured interviews; administration and interpretation of standardized screening measures; evaluations; direct observation; functional analysis of behavior and behavioral rating scales; tests of cognitive impairment and higher cortical functioning; physiological	(initials)

	measures.	
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Behavioral Health/Non-Core Privileges

To obtain these privileges, you must provide documentation of the minimum number of direct practice hours required (as provider, as supervising of clinicians). Privileges will be considered based on applicability, scope of practice, and documentation of experience.

Applicant: initial to request	Non-core privileges are requested individually, in addition to requesting core privileges.	Division / Dept Chair: initial to recommend
		(initials)
(initials)	EMDR/CBT/DBT/Family Systems	
(Initials)	Supervisor/Manager Classification Initial: Four (4) years of full-time post-licensure experience, or its equivalent, providing mental health services to the seriously and persistently mentally ill, two (2) years of which must have included administrative responsibility for mental health programs/services and/or the clinical supervision of associate and/or licensed clinicians. 15 hours supervisory specific training (1 time) and 6 hours supervisory specific CEUs each renewal period of two years. Reappointment: Annual Ongoing Professional Performance Evaluation as Supervisor/Manager/Chief 6 hours supervisory specific CEUs each renewal period.	

Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL iFPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center Hospital and Clinics, and I understand that:

- a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider's Signature: _____ **Date:** _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- ☐ **Recommend All Requested Privileges**
- ☐ **Recommend Privileges with the Following Conditions/Modifications:**
- ☐ **Do Not Recommend the Following Requested Privileges:**

Privilege	Condition/Modification/Explanation

Notes:

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____



Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	3 years after approval

Owner	Heather Cedermaz: Family Nurse Practitioner
Area	Hospital & Health Centers
Applicability	CCRMC, Health Centers & Detention

Moonlighting Privilege

see attachment

Attachments

[Resident Moonlighting Privilege](#)

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document



Resident Moonlighting Ambulatory Medicine Privileges

Name:
(Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s). Experience can be from direct patient care, precepting, CCRM simulation lab, or documented outside trainings.** Medical Staff Office can help you pull relevant reports from EPIC.

Required Qualifications

Education/Training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)—or American Osteopathic Association (AOA) and active Residency in Contra Costa Health Family Residency program
Certification	Documentation of current certification or board eligibility (with achievement of certification within 3 years) leading to certification in Family Medicine by the American Board of Family Medicine or Family Practice and Osteopathic Manipulative Treatment by the American Osteopathic Board of Family Physicians.
Continuing Education	As per California license and section-specific requirements below.

For EACH core privilege requested, you must demonstrate the following Clinical Experience:

Initial Applicants	Provision of care, reflective of the scope of privileges requested, for at least 200 adult medicine patient visits during the past 24 months. If requesting pediatric privileges, at least 100 pediatric patients. Please provide clinical activity/procedure log. Experience must correlate to requested privileges <u>As well as</u> Successful completion of 24 months of residency training and confirmation of good standing by the Residency Program Director or Designee.
Renewal	No renewal provisions, must apply for privileges in the desired department upon graduation from residency

Diagnostic Imaging Core Privileges

Applicant: initial to request	For Core Privileges: you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to
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		recommend
(initials)	Evaluate, diagnose, treat, and provide consultation to all patients 18 years old and above, with a wide variety of illnesses, diseases, injuries, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, integumentary, nervous, female reproductive and family planning, genitourinary systems, and including mild to moderate -psychiatric disorders, dependence or addiction to alcohol or other drugs, and medical management of chronic pain. Assess, stabilize, consult, and determine disposition of patients with emergent conditions. Procedures include, but are not limited to: performance of history and physical; arthrocentesis and joint injections; cryotherapy (e.g. for removal of warts); excision of cutaneous and subcutaneous lesions, tumors, and nodules and superficial foreign body; facilitate medical groups; fluorescein exam; incision and drainage of abscesses; local anesthesia; management of uncomplicated, minor, closed fractures and uncomplicated dislocations; nasal packing for hemostasis; pap smears; POCT (point of care testing); peripheral nerve blocks; provider performed microscopy (PPM); removal of IUD; removal of a nonpenetrating foreign body from the eye, nose, ear, or vagina; simple skin excision and biopsy; simple wound care and management of superficial burns; subcutaneous, intradermal and intramuscular injections; suture of uncomplicated laceration.	(initials)
(initials)	Pediatric Core Privileges evaluate, diagnose, and treat pediatric patients who have common illnesses, injuries, or disorders from birth through 21 years old. This includes routine uncomplicated newborn care in the hospital (i.e. L&D, nursery, postpartum, etc.), assessment of physical, emotional, and social health, treating acute and chronic disease, and determining the disposition of patients with emergent conditions. Procedures include but are not limited to: performance of history and physical; bladder catheterization, cryotherapy (e.g. for removal of warts); excision of cutaneous and subcutaneous lesions, nodules, and superficial foreign body; facilitate medical groups; incision and drainage of abscesses; local anesthesia; management of uncomplicated, minor, closed fractures and uncomplicated dislocations; nasal packing for hemostasis; POCT (point of care testing); peripheral nerve blocks; provider performed microscopy (PPM); removal of IUD; removal of a nonpenetrating foreign body from the eye, nose, ear, or vagina; simple skin excision and biopsy; simple wound care and management of superficial burns; subcutaneous, intradermal and intramuscular injections; suture of uncomplicated laceration.	(initials)

Non-Core Privileges

To obtain these privileges, you must provide documentation of the minimum number of procedures required (provider, supervising attending, or during department in-service). Privileges will be considered based on applicability, scope of practice, and documentation of experience.

Applicant: initial to request	Non-core privileges are requested individually, in addition to requesting core privileges.	Division/ Dept Chair: initial to recommend
(initials)	Nexplanon Insertion & Removal <i>Initial Request:</i> Completion of the Nexplanon training program. Please submit Training Certification. <i>Reappointment/Renewal:</i> none - MSO has on file.	(initials)
(initials)	Low-risk obstetrics (prenatal and postpartum)	(initials)

	Evaluate, diagnose, and treat low-risk patients who are pregnant, intend to become pregnant, or are recently post-pregnancy. Management of patients with obesity with BMI ≤ 60; chronic Hypertension with BP $< 150/100$ WITHOUT medication; GDM on diet or orals with A1c < 6.5; AMA; history of pre-eclampsia in one previous pregnancy at ≥ 37 weeks; history of cesarean section; substance abuse with or without buprenorphine therapy; cholestasis of pregnancy; size vs. date discrepancies with EFW $> 10\%$; UTI; anemia with hemoglobin > 8; vaginitis. Procedures include but are not limited to: third-trimester POCUS (please request below) <i>Initial Request:</i> training during family medicine residency of at least 2 months of obstetrics, including prenatal/postpartum care and POCUS.	
(initials)	Basic First and Second Trimester POCUS for dating, location, and viability of pregnancy. <i>Initial request:</i> 30 ultrasounds in the past 24 months.	(initials)
(initials)	<u>Third trimester OB ultrasound</u> for placental location, viability, presentation, amniotic fluid assessment ☐ Requested Initial Criteria: Training in Residency or an Ultrasound course and 20 cases.	(initials)

Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL iFPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center

Hospital and Clinics, and I understand that:

- a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider's Signature: _____ **Date:** _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- ☐ **Recommend All Requested Privileges**
- ☐ **Recommend Privileges with the Following Conditions/Modifications:**
- ☐ **Do Not Recommend the Following Requested Privileges:**

Privilege	Condition/Modification/Explanation

Notes:

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____



Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	3 years after approval

Owner	Heather Cedermaz: Family Nurse Practitioner
Area	Hospital & Health Centers
Applicability	CCRMC, Health Centers & Detention

Neonatology Privilege

see attachment

Attachments

[Neonatology Privilege](#)

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document



Pediatric Neonatology Privileges

Name:
(Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s). Experience can be from direct patient care, precepting, CCRM simulation lab, or documented outside trainings.** Medical Staff Office can help you pull relevant reports from EPIC.

Required Qualifications

Education/Training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)—or American Osteopathic Association (AOA)—accredited residency or fellowship in neonatal/perinatal medicine or neonatology.
Certification	Current certification or Board eligibility (with achievement of certification within the required time frame set forth by the respective Boards) leading to subspecialty certification in neonatal/perinatal medicine by the American Board of Pediatrics or in neonatology by the American Osteopathic Board of Pediatrics.
Continuing Education	As per California license and section-specific requirements below.
Trainings	NRP or APLS/PALS

For EACH core privilege requested, you must demonstrate the following Clinical Experience:

Initial Applicants	Provision of care, reflective of the scope of privileges requested, for at least 100 neonatal patient visits during the past 24 months or successful completion of an ACGME-or AOA-accredited clinical residency or fellowship within the past 24 months. Please provide clinical activity/procedure log. Experience must correlate to requested privileges <u>OR</u> Successful completion of an ACGME—or AOA—accredited residency or clinical fellowship within the past 24 months.
Renewal	Provision of care, reflective of the scope of privileges requested, for at least 100 pediatric neonatal patient visits during the past 24 months. Please provide clinical activity/procedure log. Experience must correlate to requested privileges. <u>OR</u> Successful completion of an ACGME—or AOA—accredited residency or clinical fellowship within the past 24 months.

Neonatology Core Privileges

Applicant: initial to request	For Core Privileges: you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to recommend
(initials)	Requested: Admit, evaluate, diagnose, treat, and provide consultation in person or via tele-medicine for sick newborns presenting with any life-threatening problems or conditions, such as breathing disorders, infections, and birth defects. Coordinate care and medically manage newborns born prematurely, critically ill, or in need of surgery. Provide consultation to mothers with high-risk pregnancies. May provide care to patients in the perinatal unit, including Level II nursery. Assess, stabilize, and determine the disposition of patients with emergent conditions regarding emergency and consultative call services. Neonatology • Attendance at delivery of high-risk newborns • Cardiac life support, including emergent cardioversion • Conscious sedation (e.g. versed, morphine, fentanyl) • Endotracheal intubation, including administration of RSI medications • Exchange transfusion • Insertion and management of central lines • Insertion and management of chest tubes • Lumbar puncture • Neonatal resuscitation • Nutritional support • Paracentesis, thoracentesis, pericardiocentesis • Performance of history and physical exam • Peripheral arterial artery catheterization • Postoperative care of newborns • Preliminary ECG (EKG) interpretation • Suprapubic bladder tap • Umbilical catheterization • Ventilator care of infants beyond emerging stabilization • This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.	(initials)
(initials)		(initials)

Pediatric Cardiology-Core Privileges

To obtain these privileges, you must provide documentation of the minimum number of procedures required (provider, supervising attending, or during department in-service). Privileges will be considered based on applicability, scope of practice, and documentation of experience.

Applicant: initial to request	Non-core privileges are requested individually, in addition to requesting core privileges.	Division/ Dept Chair: initial to recommend
(initials)		(initials)

Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL iFPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center Hospital and Clinics, and I understand that:

- a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider’s Signature: _____ Date: _____

DEPARTMENT CHAIR’S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- ☐ Recommend All Requested Privileges
- ☐ Recommend Privileges with the Following Conditions/Modifications:
- ☐ Do Not Recommend the Following Requested Privileges:

Privilege	Condition/Modification/Explanation

Notes:

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____



Origination	N/A	Owner	Heather Cedermaz: Family Nurse Practitioner
Last Approved	N/A		
Effective	Upon Approval	Area	Hospital & Health Centers
Last Revised	N/A		
Next Review	3 years after approval	Applicability	CCRMC, Health Centers & Detention

Neurosurgery Privilege

see attachment

Attachments

[Neurosurgery Privilege](#)

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document



Neurosurgery Privileges

Name:u
(Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s). Experience can be from direct patient care, precepting, CCRM simulation lab, or documented outside trainings.** Medical Staff Office can help you pull relevant reports from EPIC.

Required Qualifications

Education/Training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)—or American Osteopathic Association (AOA)—a successful completion of accredited surgical residency and neurosurgery residency or fellowship.
Certification	Documentation of current certification in neurosurgery from one of the following: • American Board of Neurological Surgery (ABNS) • American Osteopathic Board of Neurological Surgery (AOBNS)
Continuing Education	As per California license and section-specific requirements below.

For EACH core privilege requested, you must demonstrate the following Clinical Experience:

Initial Applicants	Provision of care, reflective of the scope of privileges requested, for at least 50 neuro-surgery encounters during the past 24 months. Please provide clinical activity/procedure log. Experience must correlate to requested privileges <u>OR</u> Successful completion of an ACGME—or AOA—accredited residency or clinical fellowship within the past 24 months.
Renewal	Provision of care, reflective of the scope of privileges requested, for at least 50 neurosurgery procedures during the past 24 months. Please provide clinical activity/procedure log. Experience must correlate to requested privileges. <u>OR</u> Successful completion of an ACGME—or AOA—accredited residency or clinical fellowship within the past 24 months.

Diagnostic Imaging Core Privileges

Applicant: initial to request	For Core Privileges: you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to recommend
(initials)	Core Privileges in Neurosurgery The practitioner is authorized to admit, evaluate, diagnose, treat (pre-, intra-, and postoperative), and manage patients across the lifespan who present with disorders of the central and peripheral nervous systems and their supportive or vascular structures. This includes but is not limited to, performance and interpretation of diagnostic tests, consultation, and invasive procedures that are taught in accredited neurosurgical training programs, such as: • Peripheral nerve surgery • Spinal procedures (laminectomy, fusion, instrumentation) • Cranial surgery (including tumor resection, management of hydrocephalus, aneurysms, AVMs) • Frameless stereotactic procedures, tracheostomy, VP shunt placement, lumbar puncture, and central vascular access	(initials)
(initials)		(initials)

Diagnostic Imaging Non-Core Privileges

To obtain these privileges, you must provide documentation of the minimum number of procedures required (provider, supervising attending, or during department in-service). Privileges will be considered based on applicability, scope of practice, and documentation of experience.

Applicant: initial to request	Non-core privileges are requested individually, in addition to requesting core privileges.	Division/ Dept Chair: initial to recommend
(initials)		(initials)
(initials)		(initials)

Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL iFPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center Hospital and Clinics, and I understand that:

- a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider's Signature: _____ **Date:** _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- ☐ **Recommend All Requested Privileges**
- ☐ **Recommend Privileges with the Following Conditions/Modifications:**
- ☐ **Do Not Recommend the Following Requested Privileges:**

Privilege	Condition/Modification/Explanation

Notes:

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____



Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	3 years after approval

Owner	Heather Cedermaz: Family Nurse Practitioner
Area	Hospital & Health Centers
Applicability	CCRMC, Health Centers & Detention

Nurse Practitioner Privilege

see attachment

Attachments

[📎 Nurse Practitioner Privileges](#)

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document



Nurse Practitioner Privileges

Name:
(Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s).** Experience can be from **direct patient care, precepting, CCRMC simulation lab, or documented outside trainings.** Medical Staff Office can help you pull relevant reports from EPIC.

Required Qualifications

Education/Training	Successful completion of an Accredited NP program and possession of a master's degree in nursing, a master's degree in a clinical field related to nursing, or a Graduate degree in nursing from an accredited college or university program.
Certification	Holds a certification as a nurse practitioner from a national certifying body accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties and recognized by the Board (ANCC) <u>AND</u> Current Basic Life Support (BLS) certification is recommended. <u>AND</u> Qualifications for prescriptive authority in accordance with State and federal law. <u>AND</u> NP103 is required for all NPs hired after 2024 and recommended for all other NPs once eligible to apply.
Continuing Education	As per California license and section-specific requirements below.

For EACH core privilege requested, you must demonstrate the following Clinical Experience:

Clinical Experience (Initial)	Provision of care, reflective of the scope of privileges requested, for at least 200 Adult medicine patient visits during the past 24 months. Please provide clinical activity/procedure log. Experience must correlate to requested privileges <u>OR</u> Successful completion of NP Program within the past 24 months with plan for FPPE including supervision and mentoring until clinical proficiency attained.
Clinical Experience (Reappointment)	Provision of care reflective of the scope of privileges requested, for at least 200 adult medicine visits in the past 24 months. Documented competence based on results of ongoing professional practice evaluations.
Pediatric Experience (initial and reappointment)	Provision of care, reflective of the scope of privileges requested, for at least 100 pediatric patient visits during the past 24 months. Please provide clinical activity/procedure log. Experience must

correlate to requested privileges.

NP Ambulatory Core Privileges

Applicant: initial to request	For Core Privileges: you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to recommend
(Core Privileges initials) If Core Privilege Criteria not met, must complete Onboarding FPPE	Adult Medicine Core Privileges Evaluate, diagnose, treat, and provide consultation to all patients 18 year and above, with a wide variety of illnesses, diseases, injuries, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, integumentary, nervous, female reproductive and family planning, genitourinary systems, and including mild to moderate psychiatric disorders, dependence or addiction to alcohol or other drugs, and medical management of chronic pain. Assess, stabilize, consult, and determine disposition of patients with emergent conditions. Procedures include, but are not limited to: performance of history and physical; arthrocentesis and joint injections; cryotherapy (e.g. for removal of warts); excision of cutaneous and subcutaneous lesions, tumors, and nodules and superficial foreign body; facilitate medical groups; fluorescein exam; incision and drainage of abscesses; local anesthesia; management of uncomplicated, minor, closed fractures and uncomplicated dislocations; nasal packing for hemostasis; pap smears; POCT (point of care testing); peripheral nerve blocks; provider performed microscopy (PPM); removal of IUD; removal of a nonpenetrating foreign body from the eye, nose, ear, or vagina; simple skin excision and biopsy; simple wound care and management of superficial burns; subcutaneous, intradermal and intramuscular injections; suture of uncomplicated laceration; toenail trephination and removal; venipuncture.	(Core Privileges initials) If Core Privilege Criteria not met, must complete Onboarding FPPE
(Core Privileges initials) If Core Privilege Criteria not met, must complete Onboarding FPPE	Pediatric Core Privileges Evaluate, diagnose, and treat pediatric patients who have common illnesses, injuries, or disorders from birth through 21 years old. This includes routine uncomplicated newborn care in the hospital (i.e. nursery, postpartum, etc.), assessment of physical, emotional, and social health, treating acute and chronic disease, and determining the disposition of patients with emergent conditions. Procedures include but are not limited to: performance of history and physical; bladder catheterization, cryotherapy (e.g. for removal of warts); excision of cutaneous and subcutaneous lesions, nodules, and superficial foreign body; facilitate medical groups; incision and drainage of abscesses; local anesthesia; management of uncomplicated, minor, closed fractures and uncomplicated dislocations; nasal packing for hemostasis; POCT (point of care testing); peripheral nerve blocks; provider performed microscopy (PPM); removal of IUD; removal of a nonpenetrating foreign body from the eye, nose, ear, or vagina; simple skin excision and biopsy; simple wound care and management of superficial burns; subcutaneous, intradermal and intramuscular injections; suture of uncomplicated laceration; toenail trephination and removal; venipuncture.	(Core Privileges initials)

NP Special/Non-Core Privileges

To obtain these privileges, you must provide documentation of the minimum number of procedures required (provider, supervising attending, or during department in-service). Privileges will be considered based on applicability, scope of practice, and documentation of experience.

Applicant: initial to request	Non-core privileges are requested individually, in addition to requesting core privileges.	Division / Dept Chair: initial to recommend
(initials)	Nexplanon Insertion & Removal <i>Initial Request:</i> Completion of the Nexplanon training program. Please submit Training Certification. <i>Reappointment/Renewal:</i> none - MSO has on file.	(initials)
(initials)	EMB and/or Insertion of IUD <i>Initial Request:</i> Training in EMB and IUD Insertion <u>OR</u> completion of a hands-on training under the supervision of a qualified preceptor. <u>AND</u> 4 successful EMB/IUD insertions within the past 24 months. <i>Renewal/Reappointment:</i> 2 successful EMB/IUD insertions in the past 24 months.	(initials)
(initials)	Paracentesis <i>Initial Request:</i> Training in paracentesis <u>OR</u> completion of a hands-on training in paracentesis under the supervision of a qualified preceptor. <u>AND</u> 2 paracentesis procedures in the past 24 months. <i>Renewal/Reappointment:</i> 1 paracentesis procedure in the past 24 months.	(initials)
(initials)	Early pregnancy management: manual uterine aspiration (MUA) and treatment with methotrexate <i>Initial Request:</i> Training through a FPPE process <u>AND</u> 6 MUAs in the past 24 months. <i>Renewal/Reappointment:</i> 6 MUAs in the past 24 months. Specialty Department Chair/Head reviewed (name): _____	(initials)
(initials)	Acupuncture <i>Initial Request:</i> 200 Hours CME <u>OR</u> 10 years of experience. <u>AND</u> 10 cases in the past 24 months. <i>Renewal/Reappointment:</i> 10 cases in the past 24 months. Specialty Department Chair/Head reviewed (name): _____	(initials)
	Tatto Removal <i>Criteria for Initial Request:</i> Completion of a hands on training in tattoo removal including minimum of 10 tattoo removal procedures (Documented Evidence of Training and clinical log required). <i>Criteria for Renewal of Privileges:</i> Demonstrated current competence and evidence of the performance of at least 5 tattoo removal procedures in the past 24 months (Clinical log required) OR Department approved in-service course in tattoo removal in the past 24 months	

(initials)	HIV/AIDS care <i>Initial Request and Renewal/Reappointment:</i> requirements of AB 2168 (see attached) must be met. Specialty Department Chair/Head reviewed (name): 	(initials)
(initials)	Care of Newborn with Complications in the Level 2 Nursery <i>Routine care of well newborns does not require this privilege.</i> Including but not limited to the admission and care of the late preterm infant 34 – 36 weeks gestation without significant complications, low birth weight, transient hypoglycemia, sepsis risk factors, mild respiratory issues with need for no or minimal respiratory support, in utero drug exposure not requiring medical management, mild to moderate hyperbilirubinemia, and congenital issues without significant clinical impact. This includes attendance at deliveries with mild to moderate risk factors if NRP certification is current. <i>Initial Request:</i> Completion of training in the past 24 months that included at least 1 month in the Nursery. <u>OR</u> 10 encounters with this level of care in the past 24 months. <i>Renewal/Reappointment:</i> 10 inpatient encounters in the past 24 months. Specialty Department Chair/Head reviewed (name): 	(initials)
(initials)	Low-risk obstetrics (prenatal and postpartum) Applies to both inpatient and outpatient settings Evaluate, diagnose, and treat low-risk patients who are pregnant, intend to become pregnant, or are recently post-pregnancy. Management of patients with obesity with BMI ≤ 60 ; chronic Hypertension with BP $< 150/100$ WITHOUT medication; GDM on diet or orals with A1c < 6.5 ; AMA; history of pre-eclampsia in one previous pregnancy at ≥ 37 weeks; history of cesarean section; substance abuse with or without buprenorphine therapy; cholestasis of pregnancy; size vs. date discrepancies with EFW $> 10\%$; UTI; anemia with hemoglobin > 8 ; vaginitis. Inpatient encounter attending MD/DO co-signature if required by Medical Staff Bylaws <u>Procedures include but are not limited to:</u> POCUS (please request below). <i>Initial Request:</i> training during of at least 2 months of obstetrics, including prenatal/postpartum care and POCUS. <u>OR</u> 50 prenatal/postpartum visits in the past 24 months. <i>Renewal/Reappointment:</i> 50 prenatal/postpartum visits in the past 24 months. <u>AND</u> 8 Units AAFP/ACOG CME in prenatal care in the past 24 months.	(initials)
(initials)	Specialty Medicine. Specialty: _____ *This privilege will be recommended with completion of FPPE and agreement of the Division Head (initials) and Supervising provider _____ (initials). <i>Initial Request:</i> Completed training plan as documented per specialty, kept on file in the MSO. <i>Renewal/Reappointment:</i> 16 CEU in Specialty Medicine and documented competence of 100 patient visits reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcome. Specialty Department Chair/Head reviewed (name): 	(initials)
(initials)	Medication Assisted Treatment of all ages: for substance use disorders in harm reduction model. <u>For NPs with Core Privileges in Pediatrics who will be</u>	(initials)

	<u>covering Choosing Change and prescribing buprenorphine to adults.</u> <i>Initial Request:</i> Completion of SAMHSA training with certificate of completion. <u>OR</u> Orientation and training with experienced provider in equivalent of 4 Choosing Change Groups. <i>Renewal/Reappointment:</i> 10 MAT visits within 24 months. <u>OR</u> 4 CEU within the previous 24 months.	
(initials)	Reproductive health: for prevention and evaluation of sexual health problems related to diagnosis and treatment of genital conditions, sexually transmitted infections, breast problems, vaginitis, and family planning. <u>For NPs with Pediatric Core Privileges who care for adults in Sexual and Women's Health Clinics.</u> <i>Initial Request:</i> At least 20 patient visits in the past 24 months. <u>OR</u> 10 proctored cases. <i>Renewal/Reappointment:</i> 10 visits in the past 24 months.	(initials)
(initials)	<u>Adolescent Health</u> Admit, evaluate, diagnosis, treat, and provide consultation to patients through the adolescent period (12 years of age to 25 years of age) treating acute and chronic disease, including complicated illnesses, addressing and supporting substance use treatment needs, addressing sexual health needs, assessing concerns in their physical, emotional, and social health as stabilize and determine the disposition of patients with emergent conditions, addressing sexual health needs. This non-core privilege includes the procedures listed above under core privileges, and such other procedures that are extension of the same techniques and skills. Initial application: To be eligible to apply for the Adolescent Health non-core privilege, the applicant must meet the following criteria: Successful completion of an ACGME– or AOA–accredited residency in pediatrics, which includes training within adolescent health. AND evidence of evaluation and treatment of at least 200 adolescent patients encounters in the past 24 months. Renewal: To be eligible to apply for the Adolescent Health non-core privilege, the applicant must meet the following criteria: Evidence of evaluation and treatment of at least 100 adolescent patients in the past 24 months.	(initials)
(initials)	All focused and limited POCUS (Point of Care Ultrasound) <i>Initial Request:</i> Successful completion of an accredited POCUS training <u>OR</u> 15 hours of Point of Care Ultrasound CME. <u>AND</u> 6 hours of hands-on POCUS relevant to privileges being requested. <i>Renewal/Reappointment:</i> 20 ultrasounds in the past 24 months.	(initials)

(initials)	Basic First and Second Trimester POCUS for dating, location, and viability of pregnancy. <i>Initial Request:</i> 30 ultrasounds in the past 24 months. <i>Renewal/Reappointment:</i> 20 ultrasounds in the past 24 months.	(initials)
(initials)	Third trimester OB POCUS for placental location, viability, presentation, amniotic fluid assessment <i>Initial Request:</i> 20 ultrasounds in the past 24 months. <i>Renewal/Reappointment:</i> 8 ultrasounds in the past 24 months.	(initials)

Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL FPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center Hospital and Clinics, and I understand that:

- In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related

documents.

Provider's Signature: _____

Date: _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- ☐ **Recommend All Requested Privileges**
☐ **Recommend Privileges with the Following Conditions/Modifications:**
☐ **Do Not Recommend the Following Requested Privileges:**

Privilege	Condition/Modification/Explanation

Notes:

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____

Status **Pending** PolicyStat ID **20621417**



Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	3 years after approval

Owner	Heather Cedermaz: Family Nurse Practitioner
Area	Hospital & Health Centers
Applicability	CCRMC, Health Centers & Detention

OB-GYN Privilege

see attachment

Attachments

[OB-GYN General Privileges](#)

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document



Obstetrics and Gynecology Privileges

Name:
(Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s)**. Experience can be from direct patient care, precepting, CCRMC simulation lab, or documented outside trainings. Medical Staff Office can help you pull relevant reports from EPIC.

Required Qualifications

OB/GYN (“L3”)

Education/Training

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)—or American Osteopathic Association (AOA)—accredited residency in OB/GYN.

Certification

Documentation of current Board Certification or Board Eligibility in OB/GYN (with achievement of certification within the required time frame set forth by the respective Boards) by the American Board of Obstetrics and Gynecology (ABOG), or the American Osteopathic Board of Obstetrics and Gynecology (AOBOG).

OR

FM (mostly “L1” does outpatient care; “L2” does inpatient surgical Obstetrics)

Education/Training

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)—or American Osteopathic Association (AOA)—accredited residency in Family Medicine.

AND

OB fellowship OR department-approved experience equivalent to OB fellowship OR department-approved training plan to get fellowship-equivalent experience.

Certification

Documentation of Board Certification or Board Eligibility in Family Medicine (with achievement of certification within 3 years) by the American Board of Family Medicine (ABFM), or American Osteopathic Board of Family Physicians (AOBFP).

AND

Continuing Education

As per California license and section-specific requirements.

Clinical Experience (Initial and reappointment)

Successful completion of an ACGME—or AOA—accredited residency or clinical fellowship within the past 24 months.

OR

For EACH core privilege you request below, you must provide documentation of the following clinical activities/procedures in the past 24 months, reflective of the scope of privileges requested:

--Ambulatory advanced obstetrics: at least **100 perinatal visits**.

--Inpatient obstetrics: at least **50 deliveries, including at least 10 c-sections**.

--Gynecology call for L3 locums: **at least 10 c-sections**.

--Ambulatory gynecology: 100 clinic visits.

--Surgical/inpatient gynecology: **30 gynecological surgical procedures including at least 6 major abdominal cases (e.g.: hysterectomy).**

Applicant: initial to request	For Core Privileges: you do not have to do all these procedures, but having the privilege allows you to	Dept Chair: initial to recommend
Separate packet	Family Medicine privileges: please complete the DFAM packet	
(initials)	Ambulatory advanced obstetrics Evaluate, diagnose, treat, and provide consultation to patients who are pregnant, may become pregnant, or postpartum. Providers are expected to treat diseases that are complicating factors in pregnancy, provide general primary care, and address medical/surgical conditions that are incidental to pregnancy. Conditions include, but are not limited to (as outlined by the Ob/Gyn Dept and updated on SharePoint): cHTN on meds, controlled; GDM/DM II on insulin, controlled; h/o 3 or more SABs < 13 weeks; h/o >2 known/presumed low transverse c-sections; h/o c-section <34 weeks or with known or presumed incision of the upper uterine segment, including classical cesarean, T and J shaped hysterotomy; h/o myomectomy or cornual ectopic resection; pregnancy loss > 13 weeks; cervical insufficiency, h/o preterm delivery < 37 weeks; di/di twins; +RPR; cholestasis of pregnancy; HBsAg+; BMI > 50; h/o PreE in multiple pregnancies or <37wks EGA; hypothyroidism; shortened cervix < 2.5 cm; IUGR/FGR; persistent placenta previa; anemia Hb < 8; fibroids >4cm or uterine anomalies; in vitro fertilization, frozen embryo transfer; AMA >=40 at delivery; more complicated conditions with MFM consultation (see MFM section). Procedures include but are not limited to: interpretation of fetal heart rate monitoring; medical and procedural management of spontaneous abortion/undesired pregnancy; postpartum care including treatment of breastfeeding complications and postpartum depression; work-up and treatment of ectopic pregnancy and gestational trophoblastic disease; wound management including incision and drainage.	(initials)
(initials)	Inpatient Surgical Obstetrics (for L2s and L3s) Evaluate, admit, diagnose, and treat inpatients who are antepartum, intrapartum, or postpartum. Assess, stabilize, determine the disposition, and participate in the care of patients with emergent conditions. Provide consultative call services to the hospital and clinics. Conditions include but are not limited to preeclampsia with severe features, third-trimester bleeding, IUGR/FGR, premature labor/PPROM, fetal demise, and placental abnormalities. Procedures include, but are not limited to: performance of history and physical exam; cesarean section and cesarean section with tubal sterilization; diagnostic and therapeutic dilation and curettage; external version of fetal malpresentation; amniotomy, placement of internal fetal (FSE), insertion of intrauterine pressure catheter, amnioinfusion; immediate care of the newborn including resuscitation and initial admission orders; induction and augmentation of labor; interpretation of fetal heart rate monitoring; intrapartum pudendal and paracervical blocks; manual removal of placenta; operative vaginal delivery, including the use of obstetric vacuum extractor and/or forceps; performance of multifetal deliveries; repair of all perineal, vaginal, and cervical lacerations; postpartum tubal sterilization; ultrasound including fetal position, number, placental location, biometry and cervical length; surgical assisting; vaginal birth, including vaginal birth after cesarean section.	(initials)
(initials)	Gynecology call—required for L3 locums Evaluate, diagnose, treat, and provide consultation necessary to treat patients presenting to the Emergency Department and/or outlying clinics with disorders of the female reproductive system, genitourinary system, and breasts. Conditions include but are not limited to: vaginal bleeding, ectopic pregnancy, possible ovarian torsion, surgical complications, contraception, pelvic pain, ovarian cysts, urinary incontinence, and pelvic infections. Procedures include but are not limited to cesarean hysterectomy and incidental bladder repair during a c-section; diagnostic laparoscopy, incision and drainage of pelvic	(initials)

	abscesses; laparoscopy and laparotomy for adnexal surgery, including ovarian cystectomy, oophorectomy, and ablation or excision of endometriosis; limited gynecologic ultrasound and saline sono-hystrogram; placement of catheter for hysterosalpingogram; vulvectomy, simple; surgical assisting.	
(initials)	Ambulatory Gynecology: Evaluate, diagnose, treat, and provide consultation necessary to treat patients presenting with disorders of the female reproductive system, genitourinary system, and breasts. Provide incidental general primary care for women. Conditions include, but are not limited to: abnormal uterine bleeding, infertility, contraception, endometriosis, chronic pelvic pain, ovarian cysts, urinary incontinence, pelvic infections, and cervical cancer screening/diagnosis. Procedures include, but are not limited to: Colposcopy, biopsies, including LEEPs and cones, and endocervical curettage; performance of history and physical exam; inpatient surgical assisting; diagnostic/therapeutic dilation and curettage (procedural abortion); endometrial biopsy; hymenectomy, placement of Word catheter; marsupialization of a Bartholin's gland cyst; placement and removal of IUD, removal/drainage of vulvar and vaginal cysts; vulvar biopsy.	(initials)
(initials)	Inpatient and Surgical Gynecology: Evaluate, diagnose, admit, treat, and provide pre-, intra-, and postoperative care necessary to treat injuries and disorders of the female reproductive system, the genitourinary system, and non-surgical disorders of the breasts. Assess, stabilize, determine the disposition, and participate in the care of patients with emergent conditions. Provide consultative call services in the hospital and clinics. Procedures include, but are not limited to: abdominal hysterectomy and myomectomy; cesarean hysterectomy and incidental bladder repair during cesarean section; colposcopy procedures including LEEPS and Cones; cystoscopy as part of a gynecological procedure; diagnostic laparoscopy, laparoscopic salpingectomy, and salpingostomy; diagnostic hysteroscopy; endometrial ablation; incidental appendectomy; incidental bladder repair; incidental umbilical hernia repair; incision and drainage of pelvic abscesses; laparoscopic hysterectomy, myomectomy and laparoscopic-assisted vaginal hysterectomy; laparoscopy and laparotomy for adnexal surgery, including ovarian cystectomy, oophorectomy, and ablation or excision of endometriosis; limited gynecologic ultrasound and saline sono-hystrogram; placement of catheter for hysterosalpingogram; operation for treatment of urinary stress incontinence with vaginal approach, retropubic urethral suspension, and sling procedure; operative hysteroscopy including excision of polyps, leiomyomas, and metroplasty; uterosacral vaginal vault fixation, paravaginal repair; uterovaginal, vesicovaginal, rectovaginal, and other fistula repair; vaginal hysterectomy; vulvectomy, simple.	(initials)

OB/GYN Special/Non-Core Privileges

To obtain these privileges, you must provide documentation of the minimum number of procedures required (provider, supervising attending, or during department in-service). Privileges will be considered based on applicability, scope of practice, and documentation of experience.

Applicant: initial to request	Non-core privileges are requested individually, in addition to requesting core privileges.	Dept Chair: initial to recommend
(initials)	Nexplanon Insertion & Removal – <u>required for everyone who works on L&D/postpartum</u> <i>Initial Request:</i> Completion of the Nexplanon training program. Please submit Training Certification. <i>Reappointment/Renewal:</i> none - MSO has on file.	(initials)
(initials)	Cervical cerclage <i>Initial Request:</i> Residency training.	(initials)

	<u>AND</u> 1 cerclage within the past 24 months. <i>Renewal/Reappointment:</i> 1 cerclage in the past 24 months.	
(initials)	For L1s and L2s: Second-trimester abortion <i>Initial Request:</i> Residency training <u>OR</u> hands-on training after. <u>AND</u> 1 second trimester abortion within the past 24 months. <i>Renewal/Reappointment:</i> 1 second trimester abortion in the past 24 months	(initials)
(initials)	For L1s and L2s: LEEP	(initials)

Other Privileges

If you wish to obtain any privilege not listed above, please talk to your department head and Chair of the Credentials Committee.

Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL FPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center Hospital and Clinics, and I understand that:

- a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider's Signature: _____

Date: _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- ☐ **Recommend All Requested Privileges**
☐ **Recommend Privileges with the Following Conditions/Modifications:**
☐ **Do Not Recommend the Following Requested Privileges:**

Privilege	Condition/Modification/Explanation
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Notes:

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____

Status **Pending** PolicyStat ID **20622070**



Origination 10/2025
Last Approved N/A
Effective Upon Approval
Last Revised 05/2026
Next Review 3 years after approval

Owner Heather Cedermaz: Family Nurse Practitioner
Area Hospital & Health Centers
Applicability CCRMC, Health Centers & Detention

Pain Medicine Privilege

Please see attached file.

Attachments

[Pain Medicine Privilege](#)

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

Internal Medicine Specialties

Pain Medicine

Privileges

Name:
(Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s). Experience can be from direct patient care, precepting, CCRMC simulation lab, or documented outside trainings.** Medical Staff Office can help you pull relevant reports from EPIC.

Required Qualifications

Education/Training

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)– accredited residency as listed below.

Certification

Initial Applicants: To be eligible to apply for privileges in Pain Medicine or the applicant must meet the following criteria:

Documentation of successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)– accredited residency in relevant specialty (e.g. internal medicine, family medicine, pediatrics, psychiatry, emergency medicine, surgery, preventive medicine, or obstetrics and gynecology **AND**

Documentation of current subspecialty certification or board eligibility leading to subspecialty certification (with achievement of certification within the required time frame set forth by the Board) in Pain Medicine by the American Board of Preventive Medicine, Physical Medicine and Rehabilitation, Fellowship **or** department-approved equivalent training and experience

AND

Documentation of provision of inpatient, outpatient, or consultative services reflective of the scope of privileges requested for 50 patients within the past 24 months, If no clinical long within last 24 months active FPPE will be required with privilege request submission.

Continuing Education

Continuing education in accordance with requirements to maintain certification and licensure in this specialty.

For EACH core privilege requested, you must demonstrate the following Clinical Experience:

Initial Applicants

Documentation of Maintenance of Certification (ABMS) or OCC (On-Going Continuous Certification) is required.

Renewal

Maintain Board Certification in primary field of practice and must meet all criteria to maintain eligibility for medical staff membership.

AND

Current documented competence with ongoing OPPE and 50 cases with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Core Privileges

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.

To the Applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Applicant: initial to request	For Core Privileges: you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to recommend
☐	Pain Medicine Requested Evaluate, diagnose, treat, and provide consultation for adult patients with acute or chronic pain conditions in the ambulatory, emergency, inpatient and intensive care setting. Includes performance of history and physical exam. Procedures may include but are not limited to: fluoroscopy and ultrasound Guided Procedures such as nerve Blocks & Radiofrequency Ablations: -Injections: (Cervical, Lumbar, Caudal Steroid, Fibrin and Blood Patch Epidurals, Sacroiliac Joint, etc): (PREMPT, Joint/Bursa Injection , Trigger Point Injections, etc) - Neuromodulation: (Spinal cord stimulator trial/placement, DRG Implantation, Peripheral nerve stimulation) -Sympathetic Blocks/ Palliative Neurolysis: (Stellate Ganglion, Celiac Plexus, Inferior Hypogastric) -Facial/Head Injections (Gasserian Ganglion, Greater/Lesser Occipital Nerve Blocks/RFA)	☐

Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL iFPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center Hospital and Clinics, and I understand that:

- a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider's Signature: _____ Date: _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- ☐ **Recommend All Requested Privileges**
- ☐ **Recommend Privileges with the Following Conditions/Modifications:**
- ☐ **Do Not Recommend the Following Requested Privileges:**

Privilege	Condition/Modification/Explanation

Notes:

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____

Status **Pending** PolicyStat ID **20621390**



Origination	N/A	Owner	Heather Cedermaz: Family Nurse Practitioner
Last Approved	N/A	Area	Hospital & Health Centers
Effective	Upon Approval	Applicability	CCRMC, Health Centers & Detention
Last Revised	N/A		
Next Review	3 years after approval		

Pediatric Cardiology Privilege

see attachment

Attachments

[Pediatric Cardiology](#)

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document



Pediatric Cardiology Privileges

Name:
(Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s). Experience can be from direct patient care, precepting, CCRM simulation lab, or documented outside trainings.** Medical Staff Office can help you pull relevant reports from EPIC.

Required Qualifications

Education/Training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)—or American Osteopathic Association (AOA)—accredited residency in Pediatrics and Fellowship or equivalent training in Pediatric Cardiology.
Certification	Documentation of current certification in Pediatric Medicine by the American Board with successful completion of General Pediatric Residency as well as a Fellowship or equivalent training in Pediatric Cardiology at broad-based subspecialty training in pediatric cardiology at an ACGME- or RCPSC-accredited program
Continuing Education	As per California license and section-specific requirements below.

For EACH core privilege requested, you must demonstrate the following Clinical Experience:

Initial Applicants	Provision of care, reflective of the scope of privileges requested, for at least 200 Pediatric Cardiology patient visits during the past 24 months. Please provide clinical activity/procedure log. Experience must correlate to requested privileges <u>OR</u> Successful completion of an ACGME—or AOA—accredited pediatric residency with clinical fellowship within the past 24 months.
Renewal	Provision of care, reflective of the scope of privileges requested, for at least 200 pediatric cardiology patient visits during the past 24 months. Please provide clinical activity/procedure log. Experience must correlate to requested privileges. <u>OR</u> Successful completion of an ACGME—or AOA—accredited residency or clinical fellowship within the past 24 months.

Pediatric Cardiology Core Privileges

Applicant: initial to request	For Core Privileges: you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to recommend
(initials)	Pediatric Cardiology – Core Privileges Admit, evaluate, diagnose, treat, and provide consultation for infants, children, and adolescents with congenital or acquired heart disease. Manage patients presenting with cardiac murmurs, arrhythmias, chest pain, syncope, heart failure, cyanosis, congenital cardiac anomalies, or other suspected cardiovascular disorders. Provide ongoing cardiac care for medically complex patients, including those requiring pharmacologic management, diagnostic imaging, electrophysiologic evaluation, or coordination of surgical/interventional services. Provide consultation to neonatologists, pediatricians, obstetricians, and other specialists regarding fetal, neonatal, and pediatric cardiac conditions. May provide care to patients in inpatient, outpatient, <i>Intensive care, and perioperative settings</i>. Assess, stabilize, and determine the disposition of patients with emergent conditions regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills, as determined by the department chair. CORE PROCEDURE/TREATMENT LIST This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair. • Performance and interpretation of transthoracic echocardiography • Performance and preliminary interpretation of ECG (EKG) • Performance and interpretation of exercise stress testing (treadmill or bicycle) • Holter, extended rhythm monitoring, and event monitor interpretation • Fetal echocardiography (if trained and requested) • Cardiac life support, including emergent cardioversion and defibrillation	(initials)

	• Initial management and stabilization of pediatric cardiac emergencies • Assessment and management of heart failure in pediatric patients • Pharmacologic management of arrhythmias and congenital heart disease • Pericardiocentesis (emergent) • Temporary transcutaneous pacing • Performance of history and physical exam specific to cardiovascular disease • Pre- and postoperative management of patients undergoing cardiac surgery • Management of children with congenital heart disease in intensive care settings • Coordination of cardiac catheterization and electrophysiologic study referrals (diagnostic and interventional) • Supervision and interpretation of cardiopulmonary exercise testing (if applicable) • Ventilator management in pediatric cardiac patients • Management of congenital and acquired cardiovascular disorders in outpatient and inpatient settings • Participation in multidisciplinary cardiac conferences • Remote/telemedicine cardiac consultation	
(initials)		(initials)

Pediatric Cardiology-Core Privileges

To obtain these privileges, you must provide documentation of the minimum number of procedures required (provider, supervising attending, or during department in-service). Privileges will be considered based on applicability, scope of practice, and documentation of experience.

Applicant: initial to request	Non-core privileges are requested individually, in addition to requesting core privileges.	Division/ Dept Chair: initial to recommend
(initials)		(initials)

Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL iFPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center Hospital and Clinics, and I understand that:

- a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider's Signature: _____ **Date:** _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- ☐ **Recommend All Requested Privileges**
- ☐ **Recommend Privileges with the Following Conditions/Modifications:**
- ☐ **Do Not Recommend the Following Requested Privileges:**

Privilege	Condition/Modification/Explanation

Notes:

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____



Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	3 years after approval

Owner	Heather Cedermaz: Family Nurse Practitioner
Area	Hospital & Health Centers
Applicability	CCRMC, Health Centers & Detention

Pediatric Privileges

see attachment

Attachments

[Pediatrics Core Privileges](#)

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document



Pediatrics Privileges

Name:
(Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s).** [Experience can be from direct patient care, precepting, CCRMC simulation lab, or documented outside trainings. Medical Staff Office can help you pull relevant reports from EPIC.](#)

Required Qualifications

Education/Training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)—or American Osteopathic Association (AOA)—accredited residency in pediatrics.
Certification	Current certification, or Board eligibility leading to certification in pediatrics, by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics. Board certification must be achieved within 7 years (ABP) or 6 years (AOBP) from graduation from a pediatric residency. *For inpatient work, a valid NRP, and PALS or APLS(either or) certification is required
Continuing Education	

For EACH core privilege requested, you must demonstrate the following Clinical Experience:

Clinical Experience (Initial)	Documentation of required current experience: Provision of care, reflective of the scope of privileges requested, for at least 100 newborns (if working in the level II nursery/postpartum/perinatal/ <u>newborn clinical</u>), and/or 200 outpatients (if working in the ambulatory setting), within the past 24 months <u>or</u> successful completion of an ACGME— or AOA—accredited residency within the past 24 months. Please provide a clinical activity/procedure log.
Clinical Experience (Reappointment)	Current documented competence and an adequate volume of experience (100 newborns in level II nursery and/or 200 pediatric outpatients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months, based on results of Ongoing Professional Practice Evaluation (OPPE) and outcomes.

Pediatrics Ambulatory Core Privileges

Applicant: initial to request	For Core Privileges: you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to recommend
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(initials)	Ambulatory Core Privileges Evaluate, diagnose, treat, and provide consultation to patients from birth to young adulthood (21 years of age) concerning their physical, emotional, and social health as well as treating acute and chronic disease, including major complicated illnesses. Assess, stabilize, and determine the disposition of patients with emergent conditions who present to ambulatory care until EMS arrives. Procedures include but are not limited to: bladder catheterization; incision and drainage of abscesses; local anesthetic techniques; management of burns, superficial and partial thickness; peripheral nerve blocks; placement of anterior nasal hemostatic packing; placement of IV lines; care of simple fractures and dislocations; removal of non-penetrating foreign bodies from the eye, nose, or ear; subcutaneous, intradermal, and intramuscular injections; wound care and suture of uncomplicated lacerations; frenotomy; removal of cerumen; cryotherapy (e.g. removal of warts).	(initials)
(initials)	Hospital Core Privileges Admit, evaluate, diagnose, treat and determine disposition of newborn patients (birth to 30 days of age) in the level II nursery, ER, newborn clinic and/or postpartum. This includes providing comprehensive care to critically ill newborns in the level II nursery. <u>When consulted</u>, assess, stabilize, and determine the disposition of patients with emergent conditions in the emergency room and other areas of the hospital from birth to 21 years of age. Procedures include but are not limited to: performance of history and physical; attendance at delivery to assume care of normal and sick newborns; arterial puncture; bladder catheterization, endotracheal intubation, including administration of medication for rapid sequence intubation; management of pain/agitation, e.g. intubated patients, patients with neonatal abstinence syndrome, etc. (administration of opioids, benzodiazepines); incision and drainage of abscesses; local anesthetic techniques; lumbar puncture; performance of a simple skin biopsy or excision; placement of IV lines; placement of intraosseous lines; subcutaneous, intradermal, and intramuscular injections; umbilical artery and vein catheterization; wound care and suture of uncomplicated lacerations; frenotomy. Thoracentesis	(initials)

Non-Core Privileges

To obtain these privileges, you must provide documentation of the minimum number of procedures required (provider, supervising attending, or during department in-service). Privileges will be considered based on applicability, scope of practice, and documentation of experience.

Applicant: initial to request	Non-core privileges are requested individually, in addition to requesting core privileges.	Division / Dept Chair: initial to recommend
(initials)	Thoracentesis <i>Initial Request:</i> Successful completion of an ACGME– or AOA–accredited post graduate training program which included training in thoracentesis <u>OR</u> documentation of completion of a hands-on training in thoracentesis under the supervision of a qualified physician preceptor. <u>AND</u> Documented current competence and evidence of the performance of at least 1 thoracentesis procedure in the past 24 months (please provide a clinical activity/procedure log) <u>OR</u> documentation of completion of relevant training/in-service in the past 24 months. <i>Renewal/Reappointment:</i> Documented current competence and evidence of the performance of at least 1 thoracentesis procedure in the past 24 months, <u>or</u> documentation of completion of relevant training/in-service in the past 24 months.	(initials)

(initials)	Forensic Examination Initial Request: Successful completion of an ACGME- or AOA-accredited residency in pediatrics, which included training, or completion of fellowship training in Child Abuse Pediatrics, <u>OR</u> documented completion of a recognized relevant course or training under the supervision of a qualified provider. Preferred: CCFMTC (California Clinical Forensic Medical Training Center) Training Verification or approved equivalent. <u>AND</u> Documented current competence and evidence of evaluation and treatment of a least 20 sexual abuse cases in the past 24 months (please provide a clinical activity/procedure log) <u>OR</u> documented completion of relevant training/in-service in the past 24 months. Renewal/Reappointment: Documented current competence and evidence of attendance at evaluation and treatment of at least 20 sexual abuse cases in the past 24 months <u>OR</u> documented completion of relevant training/in-service in the past 24 months.	(initials)
(initials)	Insertion and Removal of IUD <i>Initial Request:</i> Successful completion of an ACGME—or AOA— accredited postgraduate training program in Pediatrics, which included training in IUD Insertion. <u>OR</u> Completion of a hands-on training under the supervision of a qualified physician preceptor. Applicant must provide documented experience of at least 5 successful IUD insertions. <i>Renewal/Reappointment:</i> Documented experience of at least 5 successful IUD insertions.	(initials)
(initials)	Implantable Contraception Insertion and Removal (Nexplanon) <i>Initial Request and Renewal/Reappointment:</i> Completion of the Nexplanon training program. Please submit Training Certification.	(initials)
(initials)	Adolescent Health Admit, evaluate, diagnosis, treat, and provide consultation to patients through the adolescent period (12 years of age to 25 years of age) treating acute and chronic disease, including complicated illnesses, addressing and supporting substance use treatment needs, addressing sexual health needs, assessing concerns in their physical, emotional, and social health as stabilize and determine the disposition of patients with emergent conditions, addressing sexual health needs. This non-core privilege includes the procedures listed above under core privileges, and such other procedures that are extension of the same techniques and skills. <i>Initial application:</i> Successful completion of an ACGME—or AOA—accredited residency in pediatrics, which includes training within adolescent health. <u>AND</u> Evidence of evaluation and treatment of at least 200 adolescent patients encounters in the past 24 months. <i>Renewal/Reappointment:</i> Evidence of evaluation and treatment of at least 100 adolescent patients in the past 24 months.	(initials)
(initials)	Tattoo Removal Criteria for Initial Request: Completion of a hands on training in tattoo removal including minimum of 10 tattoo removal procedures (Documented Evidence of Training and clinical log required). Criteria for Renewal of Privileges:	(initials)

	Demonstrated current competence and evidence of the performance of at least 5 tattoo removal procedures in the past 24 months (Clinical log required) OR Department approved in-service course in tattoo removal in the past 24 months	
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Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL iFPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center Hospital and Clinics, and I understand that:

- In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider's Signature: _____ **Date:** _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- ☐ **Recommend All Requested Privileges**
- ☐ **Recommend Privileges with the Following Conditions/Modifications:**
- ☐ **Do Not Recommend the Following Requested Privileges:**

Privilege	Condition/Modification/Explanation
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Notes:

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____

Status **Pending** PolicyStat ID **20621385**



Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	3 years after approval

Owner	Heather Cedermaz: Family Nurse Practitioner
Area	Hospital & Health Centers
Applicability	CCRMC, Health Centers & Detention

Physician Assistant Privilege

see attached

Attachments

[Physician Assistant Privilege.pdf](#)

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document



Physician Assistant Privileges

Name:
(Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s). Experience can be from direct patient care, precepting, CCRMC simulation lab, or documented outside trainings.** Medical Staff Office can help you pull relevant reports from EPIC.

Required Qualifications

Education/Training

Hold current Certification as a Physician Assistant from the National Commission on Certification of Physician Assistants (Board Certification) and licensed by the Physician Assistant Board of California (License).

Certification

Qualifications for prescriptive authority in accordance with State and federal law; current DEA (Drug Enforcement Agency) certificate.

Clinical Experience

Demonstrated current competence and provision of care, treatment, or services to at least 200 patient encounters in the past 24 months. Experience must correlate to the requested privileges.

Upon request, aggregate data/procedure list/case log from primary practice facility for the previous 24-month time period identifying those procedures that mirror, or relate, at least in part, to those being requested.

Department Chair or supervising provider recommendations will be obtained from primary practice facility.

Current Delineation of Privileges document from facility where majority of patient care is provided. Any complications/poor outcomes should be delineated and accompanied by an explanation.

For EACH core privilege requested, you must demonstrate the following Clinical Experience:

Initial Applicants

Documentation of Maintenance of Certification and Licensing.

Renewal

Current documented competence and an adequate volume of experience 200 patient encounters as the provider with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcome.

PA: Orthopedic and Plastic Surgery and Gynecology

Core Privileges

All notes for this classification will be routed to supervising physician or designee for co-signature.

Applicant: initial to request	For Core Privileges: you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to recommend
	Requested Clinical and Procedural Privileges The applicant requests initial privileges to provide comprehensive patient care within the age range and clinical scope of the supervising physician(s). This includes evaluating, diagnosing, treating, and offering consultation for patients in both routine and emergent settings. The requested scope encompasses the ability to assess, stabilize, and determine the disposition of patients presenting with urgent or emergency conditions as part of emergency and consultative call services. The applicant is seeking privileges to perform the following functions and <i>will be required to have all patient notes co-signed by attending physician or designee</i> Clinical Evaluation and Documentation • Perform complete histories and physical examinations. • Write or dictate progress notes and discharge summaries, with attending physician co-signature as required. • Counsel and educate patients and families as appropriate. Minor Procedures and Office-Based Interventions • Perform cryotherapy for wart removal. • Perform incision and drainage of abscesses. • Apply, remove, and change dressings and bandages. • Provide basic wound care, including debridement of superficial wounds and management of superficial burns. • Manage uncomplicated, minor, closed fractures and uncomplicated dislocations. Diagnostic and Therapeutic Management • Order and provide initial interpretation of diagnostic and therapeutic	

	studies, including laboratory tests, medications, hemodynamic monitoring, EMG, electrocardiograms, and radiologic studies (arthrogram, ultrasound, CT, MRI, bone scan), as clinically appropriate. • Implement therapeutic interventions for specific conditions within the established scope of practice. Procedures Within Scope of Training • Perform local anesthetic techniques. • Perform simple skin excisions, biopsies, and minor superficial surgical procedures. • Place anterior nasal hemostatic packing. • Remove nonpenetrating foreign bodies from the eye, nose, or ear. • Administer subcutaneous, intradermal, and intramuscular injections. • Suture uncomplicated lacerations.	
	PA: Gynecology	
	Requested Clinical and Procedural Privileges The applicant requests initial privileges to provide comprehensive patient care within the age range and clinical scope of the supervising physician(s). This includes evaluating, diagnosing, treating, and offering consultation for patients in both routine and emergent settings. The requested scope encompasses the ability to assess, stabilize, and determine the disposition of patients presenting with urgent or emergency conditions as part of emergency and consultative call services. The applicant is seeking privileges to perform the following functions: Core Clinical and Procedural Privileges The Physician Assistant is authorized to provide comprehensive gynecologic care under the supervision of a qualified physician. Core privileges include: Patient Assessment & Management • Perform thorough histories and physical exams on female patients across the lifespan. • Order, interpret, and initiate treatment plans, including laboratory tests, imaging (ultrasound, CT, MRI), and other diagnostic studies.	

	• Manage outpatient and inpatient gynecologic conditions, including cervical cancer screening, sexual health screening, contraceptive management, consult appropriately, and participate in patient admission and discharge planning. Perioperative and Minor GYN Surgical Support • Emergency and Acute Gynecologic Care • Assess and stabilize patients presenting with acute gynecologic complaints (e.g., pelvic pain, bleeding), and initiate appropriate interventions. • Collaborate with supervising physicians for triage, consultation, and patient disposition decisions. Counseling, Education & Documentation • Offer patient-centered counseling on reproductive health, contraception, menopause, and preventive care. • Document clinical encounters thoroughly by writing or dictating progress notes and discharge summaries; tasks are co-signed per institutional policy	
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Non-Core Privileges

To obtain these privileges, you must provide documentation of the minimum number of procedures required (provider, supervising attending, or during department in-service). Privileges will be considered based on applicability, scope of practice, and documentation of experience.

Applicant: initial to request	Non-core privileges are requested individually, in addition to requesting core privileges. Each practitioner requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant.	Division/ Dept Chair: initial to recommend
☐	Joint Injection and Aspiration <i>Initial request:</i> Successful completion of hands-on training in joint injection and aspiration under the supervision of a qualified physician preceptor. AND Documented current competence and evidence of the performance of at least five joint injection or aspiration procedures in the past 24 months. Please provide clinical	☐

	activity/procedure log.	
☐	Surgical Assisting <i>Initial request:</i> Successful completion of hands-on training in surgical assisting under the supervision of a qualified physician preceptor. AND Documented current competence and evidence of the performance of at least five surgical assisting cases in the past 24 months. Please provide clinical activity/procedure log.	☐
	Gynecology Office-Based and Minor Surgical Procedures • Insert and remove intrauterine devices (IUDs)(3/24 months) pessaries, and uterine tamponade devices. • Manage minor office procedures including cryotherapy for cervical lesions and simple skin lesion excisions. • Perform Colposcopy-directed biopsy 3 within last 24 months	

Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL iFPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center Hospital and Clinics, and I understand that:

- In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider's Signature: _____

Date: _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- ☐ **Recommend All Requested Privileges**
- ☐ **Recommend Privileges with the Following Conditions/Modifications:**
- ☐ **Do Not Recommend the Following Requested Privileges:**

Privilege	Condition/Modification/Explanation

Notes:

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____

Status **Pending** PolicyStat ID **20622162**



Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	3 years after approval

Owner	Heather Cedermaz: Family Nurse Practitioner
Area	Hospital & Health Centers
Applicability	CCRMC, Health Centers & Detention

Podiatry Privilege

see attachment

Attachments

[Podiatry Privilege](#)

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document



Podiatry Privileges

Name:
(Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s). Experience can be from direct patient care, precepting, CCRMC simulation lab, or documented outside trainings.** Medical Staff Office can help you pull relevant reports from EPIC.

Required Qualifications

Education/Training	Documentation of successful completion of at least a 24-month (PSR-24) podiatric surgical residency accredited by the Council on Podiatric Medical Education (CPME).
Certification	Current board certification or board eligibility (leading to board certification within 5 years) in foot surgery by the American Board of Foot and Ankle Surgery (ABFAS) OR current Board certification in the American Board of Podiatric Medicine.
Initial Applicants	Documented current experience: Documentation of at least 50 type I podiatric procedures, reflective of the scope of privileges requested, within the past 24 months, or successful completion of a CPME-accredited podiatric surgery residency within the past 24 months. Please provide clinical activity/procedure log.
Renewal Criteria	Current documented competence and an adequate volume of experience 50 type I podiatric procedures) with acceptable results, reflective of the scope of privileges requested, within the past 24 months, based on results of ongoing professional practice evaluation and outcomes.
Continuing Education	As per licensing and certification board to maintain active license and certifications.

Podiatry Core Privileges

Initial to request	For Core Privileges: you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to recommend
	Evaluate and treat patients in the inpatient and outpatient setting. Skills include but are not limited to performance of history and physical, treatment of patients of all ages with podiatric conditions of the forefoot, midfoot, and non-reconstructive hindfoot. Procedures include but are	

	not limited to excision of skin lesion of the foot and ankle, incision and drainage/wide debridement of soft tissue infection, soft-tissue surgery involving a nail or plantar wart excision, avulsion of toenail, excision or destruction of nail matrix or skin lesion, removal of superficial foreign body, and treatment of corns and calluses. Tenotomy/capsulotomy, digit, metatarsal and phalangeal joint, treatment of deep-wound infections, osteomyelitis of the foot and ankle.	
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Podiatry II Privileges

Required Qualifications

Education/Training	The applicant must document successful completion of at least a 36-month (PSR-36) podiatric surgical residency accredited by the CPME.
Certification	Current board certification or board eligible leading to certification in foot surgery (and reconstructive rearfoot and ankle surgery) by the ABFAS OR current Board certification by the American Board of Podiatric Medicine.
Initial Applicants	Required documented experience: At least 10 type II podiatric procedures reflective of the scope of privileges requested within the past 24 months, or successful completion of a CPME-accredited podiatric surgery residency within the past 24 months. Please provide clinical activity/procedure log.
Renewal	Current documented competence and an adequate volume of experience (10 type II podiatric procedures), reflective of the scope of privileges requested, with acceptable results within the past 24 months based on results of ongoing professional practice evaluation and outcomes.
Continue Medical Education	As per licensing and certification board to maintain active license and certifications.

Podiatric II Core Privileges

If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Applicant: initial to request	For Core Privileges: you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to recommend
☐	Performance of history and physical in order to evaluate, diagnose, provide consultation to, and order diagnostic studies for patients of all ages and treat the forefoot, midfoot, rearfoot, reconstructive and non-reconstructive hindfoot, and related structures by medical or surgical means. Includes podiatric problems/conditions of the ankle to include procedures involving osteotomies, arthrodesis, and open repair of fractures of the ankle joint. The core privileges in this specialty include the type I podiatric privileges and procedures on the attached procedure list and such other procedures that are extensions of the same	☐

	techniques and skills. Type II—Podiatry • Digital Ex ostectomy • Digital fusions, arthroplasty, hammertoe repair • Digital tendon transfers, lengthening, and repair • Digital/ray amputation • Excision of sesamoids • Excision of soft tissue mass (neuroma, ganglion, and fibroma) • External neurolysis/decompression (including tarsal tunnel) • Hallux valgus repair with or without metatarsal osteotomy (including the first metatarsal cuneiform joint) • Metatarsal exostectomy, resection, osteotomy. • Midtarsal and tarsal exostectomy (including posterior calc spur) • Osteotomies of the midfoot and rearfoot • Open/closed reduction with internal fixation, digital and metatarsal fractures • Open/closed reduction with internal fixation of midfoot and rearfoot fractures • Plantar fasciotomy with or without excision of calc spur • Removal of foreign body • Syndactylization of digits • Tendon lengthening, rupture repair, transfers (nondigital) • Plastic surgery techniques involving midfoot, rearfoot, or ankle • Excision of soft tissue tumor or cyst of ankle • Major tendon surgery of the foot and ankle, such as tendon transpositions, recessions, suspensions, and release • Ankle arthroscopy • Ankle stabilization procedures • Arthrodesis tarsal and ankle joints • Arthroplasty, with or without implants, tarsal and ankle joints (e.g., subtalar joint arthrodesis)	
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Fluoroscopy Non-Core Privileges

Applicant: initial to request	Non-core privileges are requested individually, in addition to requesting core privileges.	Division/ Dept Chair: initial to recommend
☐	Fluoroscopy Privilege to operate and/or supervise operation of fluoroscopy equipment.	☐

	Requirement: Current Fluoroscopy or Radiology X-Ray Supervisor and Operator Permit from CDPH.	
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Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL iFPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center Hospital and Clinics, and I understand that:

- a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider's Signature: _____ **Date:** _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- ☐ **Recommend All Requested Privileges**
- ☐ **Recommend Privileges with the Following Conditions/Modifications:**
- ☐ **Do Not Recommend the Following Requested Privileges:**

Privilege	Condition/Modification/Explanation

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Notes:

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____

Status **Pending** PolicyStat ID **20621412**



Origination	N/A	Owner	Heather Cedermaz: Family Nurse Practitioner
Last Approved	N/A	Area	Hospital & Health Centers
Effective	Upon Approval	Applicability	CCRMC, Health Centers & Detention
Last Revised	N/A		
Next Review	3 years after approval		

Pre-Licensed Mental Health Provider Privilege

see attachment

Attachments

[Pre-Licensed Mental Health Provider](#)

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document



Pre-Licensed Mental Health Provider Privileges

Name:
(Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s)**. Experience can be from direct patient care, clinical supervision or documented outside trainings. Medical Staff Office can help you pull relevant reports from EPIC.
- 3.

Required Qualifications

Education/Training	Possession of a Master's degree from an accredited college or university with major in psychology, social work, counseling, or a closely related field.
Certification	Registration with the Board of Behavioral Sciences (BBS) of California as a: Associate Social Worker (ASW), or Associate Marriage and Family Therapist (AMFT), or Associate Professional Clinical Counselor (APCC)
Continuing Education	3 hours of Law & Ethics training annually to re-register with the BBS

For EACH core privilege requested, you must demonstrate the following Clinical Experience:

Clinical Experience (Initial)	Documented current competence and provision of care, treatment, or services, including attestation of ongoing clinical patient visits within the past 24 months, or completion of training within the past 24 months. Experience must correlate with the privileges requested. <u>AND</u> Clinicians hired to work in Ambulatory Care/Primary Care/CCHS/Public Health Centers should have a minimum of one year of experience providing integrated behavioral health services in a medical setting.
Clinical Experience (Reappointment)	An adequate volume of experience 200 patient visits, within the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes. An adequate volume of experience 200 patient visits, within the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes. Experience must correlate to the privileges requested.

Clinical Behavioral Health Core Privileges

Applicant: initial to	For Core Privileges: you do not have to engage in all of these interventions, but having the privilege allows you to.	Division/ Dept Chair:
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request		initial to recommend
(initials)	Assess, diagnose, provide treatment, prevention and consultation to children, adolescent, and adult patients who suffer from mental, behavioral, or emotional disorders. Assess patients to determine the nature, causes, and potential effects of personal distress; of personal, social, and work dysfunctions; and the psychological factors associated with physical, behavioral, emotional, nervous, and mental disorders, through clinical interviews, behavioral assessments, and standardized measures. Clinical providers may provide care to patients in the intensive care setting. They may assess, stabilize, and determine disposition of patients with emergent <u>conditions</u> regarding emergency and consultative call services. Behavioral Health procedures include but are not limited to perform mental health assessment; obtain social and psychological admission history; support discharge planning and coordination. Intervention procedures include but are not limited to family assessment/therapy; group therapy; marital or couples therapy; psychological assessment; psychotherapy (evidence-based); personal enhancement; substance use prevention, including harm reduction and behavior modification; suicidal and homicidal assessment, safety planning and crisis de-escalation. Assessment procedures include but are not limited to structured and unstructured interviews; administration and interpretation of standardized screening measures; evaluations; direct observation; functional analysis of behavior and behavioral rating scales; tests of cognitive impairment and higher cortical functioning; physiological measures.	(initials)

Behavioral Health/Non-Core Privileges

To obtain these privileges, you must provide documentation of the minimum number of procedures required (provider, supervising attending, or during department in-service). Privileges will be considered based on applicability, scope of practice, and documentation of experience.

Applicant: initial to request	Non-core privileges are requested individually, in addition to requesting core privileges.	Division / Dept Chair: initial to recommend
		(initials)
(initials)	EMDR Certification of course completion DBT Confirmation of training completion CBT Confirmation of training completion	

Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL iFPPE forms through Medical Staff Office (MSO) and return to MSO.
 One hour of individual supervision per week
 Two hours of group supervision every other week minimum
 Charts to be proctored by supervisor or licensed designee
 (Licensing board requires one hour of supervision for every 10 hours of direct service to meet licensure requirements)

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center Hospital and Clinics, and I understand that:

- a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider’s Signature: _____ **Date:** _____

DEPARTMENT CHAIR’S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- ☐ **Recommend All Requested Privileges**
- ☐ **Recommend Privileges with the Following Conditions/Modifications:**
- ☐ **Do Not Recommend the Following Requested Privileges:**

Privilege	Condition/Modification/Explanation

Notes:

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____



Origination	N/A	Owner	Heather Cedermaz: Family Nurse Practitioner
Last Approved	N/A	Area	Hospital & Health Centers
Effective	Upon Approval	Applicability	CCRMC, Health Centers & Detention
Last Revised	N/A		
Next Review	3 years after approval		

Pulmonology Privileges

see attachment

Attachments

 [Pulmonology Privileges](#)

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document



Pulmonology Clinical Privileges

Name:
(Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s). Experience can be from direct patient care, precepting, CCRM simulation lab, or documented outside trainings.** Medical Staff Office can help you pull relevant reports from EPIC.

Required Qualifications

Education/Training	Documentation of successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited postgraduate training program in the relevant medical specialty and successful completion of an accredited fellowship in Pulmonology.
Certification	Documentation of current subspecialty certification in Pulmonology by the relevant American Board of Medical Specialties or the American Osteopathic Board.
Continuing Education	Education sufficient to maintain license and certification in accordance professional license and certification boards.

For EACH core privilege requested, you must demonstrate the following Clinical Experience:

Initial Applicants	Current documented competency in inpatient/outpatient Pulmonary Medicine (minimum 200 patients in the inpatient and outpatient settings combined) with appropriate workup and management of pulmonary diseases, reflective of the scope of privileges requested, within the past 24 months, or successful completion of an ACGME- or AOA-accredited clinical fellowship within the past 24 months. Please provide a clinical activity/procedure log.
Renewal	Current documented competency and an adequate volume of experience (minimum of 200 patients with subspecialty related conditions in the inpatient and outpatient settings combined) with acceptable results, reflective of the scope of privileges requested, within the past 24 months, based on results of ongoing professional practice evaluation and outcomes.

Pulmonology Core Privileges

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.

Applicant: initial to request	For Core Privileges: you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to recommend
☐	Evaluate, diagnose, treat, and provide consultation to adult patients (>/ 18 years old) presenting to ambulatory care, the emergency room, or as inpatient with conditions, disorders, and diseases of the lungs and airways. Performance of history and physical exam. Assess, stabilize, and determine the disposition of patients with emergent conditions regarding emergency and consultative call services. Work up and treatment of individuals with acute, chronic, malignant or benign lung conditions. Airway management including endotracheal intubation, tracheostomy care and management. Noninvasive positive pressure ventilation including continuous positive airway pressure (CPAP) and Bilevel Positive Pressure Airway Pressure (BIPAP), thoracentesis, chest tube insertion, examination and interpretation of sputum, bronchopulmonary secretions, pleural fluid, and lung tissue, flexible fiber-optic bronchoscopy procedures. Management of pneumothorax (needle insertion and drainage system). Pulmonary function tests to assess respiratory mechanics and gas exchange, including spirometry, flow volume studies, lung volumes, diffusing capacity, arterial blood gas analysis, and oximetry studies including the six-minute walk test and oximetry walking study. Operation of hemodynamic bedside monitoring systems. Use and monitoring of a variety of positive pressure ventilatory modes, including high flow oxygen, ventilators including NIPPV from intubation through wean and extubating. Administration of conscious sedation, DOES NOT INCLUDE USE OF KETAMINE OR PROPOFOL.	☐
☐	NON CORE (simple conscious sedation is included as core) Administration of Sedation and Analgesia ☐ Ketamine ☐ Propofol <i>Initial Request:</i> Successful completion of an ACGME– or AOA–accredited post graduate training program which included training in administration of sedation and analgesia, including the necessary airway management skills, or department-approved extra training and experience. AND Documented current competence and evidence of the performance of at least 5 cases (can be any combination) within the past 24 months, or completion of training within the past 24 months. Please provide clinical activity/procedure log. <i>Renewal/Reappointment:</i> Documented current competence and evidence of the performance of at least 5 cases (can be any combination) within the past 24 months.	☐

Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL iFPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center Hospital and Clinics, and I understand that:

- a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider’s Signature: _____ Date: _____

DEPARTMENT CHAIR’S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- ☐ Recommend All Requested Privileges
- ☐ Recommend Privileges with the Following Conditions/Modifications:
- ☐ Do Not Recommend the Following Requested Privileges:

Privilege	Condition/Modification/Explanation

Notes:

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____



Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	3 years after approval

Owner	Heather Cedermaz: Family Nurse Practitioner
Area	Hospital & Health Centers
Applicability	CCRMC, Health Centers & Detention

Sleep Medicine Privilege

see attachment

Attachments

[Sleep Medicine Privilege](#)

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document



Sleep Medicine Privileges

Name:
(Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s). Experience can be from direct patient care, precepting, CCRMC simulation lab, or documented outside trainings.** Medical Staff Office can help you pull relevant reports from EPIC.

Required Qualifications

Education/Training	Documentation of successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited postgraduate training program in the relevant medical specialty and successful completion of an accredited fellowship in Sleep Medicine, or department-approved equivalent training and experience.
Certification	Documentation of current subspecialty certification or Board eligibility (with achievement of certification within the required time frame set forth by the respective Boards) leading to subspecialty certification in Sleep Medicine by the relevant American Board of Medical Specialties or the American Osteopathic Board.
Continuing Education	Required current experience: Has demonstrated competence in Sleep Medicine with appropriate workup and management of sleep related disorders (minimum 200 patients), reflective of the scope of privileges requested, within the past 24 months, or successful completion of an ACGME- or AOA-accredited residency, or clinical fellowship within the past 24 months. Please provide a clinical activity/procedure log.

For EACH core privilege requested, you must demonstrate the following Clinical Experience:

Initial Applicants	Maintenance of Certification or Osteopathic Ongoing Certification is required.
Renewal	Current documented competence and an adequate volume of experience (minimum 200 patients with sleep disorders) with acceptable results, reflective of the scope of privileges requested, within the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Sleep Medicine Core Privileges

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.

To the Applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Applicant: initial to request	For Core Privileges: you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to recommend
☐	<i>Initial request:</i> Admit, evaluate, diagnose, and provide consultation and treatment to adult patients (> 18 years old) presenting with conditions or disorders of sleep, including sleep-related breathing disorders (such as obstructive sleep apnea), circadian rhythm disorders, insomnia, parasomnias, disorders of excessive sleepiness (e.g., narcolepsy), sleep-related movement disorders, and other conditions pertaining to the sleep-wake cycle. May provide care to patients in the intensive care setting. Performance of history and physical exam, actigraphy, home/ambulatory testing, maintenance of wakefulness testing (MWT), multiple sleep latency testing (MSLT), oximetry, polysomnography (including sleep-stage scoring) - PSG, PSG titration (CPAP/ BIPAP), sleep log interpretation, oral appliance titration.	☐

Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL iFPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center Hospital and Clinics, and I understand that:

- In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider's Signature: _____

Date: _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- ☐ **Recommend All Requested Privileges**
- ☐ **Recommend Privileges with the Following Conditions/Modifications:**
- ☐ **Do Not Recommend the Following Requested Privileges:**

Privilege	Condition/Modification/Explanation

Notes:

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____

Status **Pending** PolicyStat ID **20626250**



Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	3 years after approval

Owner	Heather Cedermaz: Family Nurse Practitioner
Area	Hospital & Health Centers
Applicability	CCRMC, Health Centers & Detention

Urology Privileges

see attachments

Attachments

[Urology Privileges](#)

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	05/2026
Credentials Committee	Heather Cedermaz: Family Nurse Practitioner	05/2026
	Heather Cedermaz: Family	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document



Urology Privileges

Name:
(Please Print)

Instructions to applicant

1. Initial to the left of each privilege requested.
2. Sign form and submit **with the required documentation/case log/certificate(s). Experience can be from direct patient care, precepting, CCRM simulation lab, or documented outside trainings.** Medical Staff Office can help you pull relevant reports from EPIC.

Required Qualifications

Education/Training	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited residency in Urology.
Certification	Current certification or Board eligibility (with achievement of certification within the required time frame set forth by the respective Boards) leading to certification in Urology by American Board of Urology or the American Osteopathic Board of Surgery (Urological Surgery)
Continuing Education	As per licensing and certification board to maintain active license and certifications.
Initial Applicants	Required current experience: At least 50 urological procedures, reflective of the scope of privileges requested, in the past 24 months, or successful completion of an ACGME– or AOA–accredited residency within the past 24 months. Please provide clinical activity/procedure log.
Renewal	Current documented competence and an adequate volume of experience 50 urological procedures with acceptable results, reflective of the scope of privileges requested, within the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Urology Core Privileges

Applicant: initial to request	For Core Privileges: you do not have to do all these procedures, but having the privilege allows you to.	Division/ Dept Chair: initial to recommend
☐	Admit, evaluate, diagnose, treat (surgically or medically), and provide consultation to adolescents (>14 y/o) and adults presenting with medical and surgical disorders of the genitourinary system and the adrenal gland, including endoscopic, percutaneous, and open surgery of congenital and acquired conditions of the urinary and reproductive systems and their contiguous structures. May provide care to patients in the ambulatory, hospital and intensive care setting. Complete history and physical, assess, stabilize, and determine the	☐

	disposition of patients with emergent conditions regarding emergency and consultative call services. <i>This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures and privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.</i> General urology • Anterior pelvic exenteration • Appendectomy as a component of a urologic procedure • Bowel resection as a component of a urologic procedure • Closure evisceration • Continent reservoirs • Enterostomy as a component of a urologic procedure • Inguinal herniorrhaphy as related to a urologic operation • Intestinal conduit • Management of congenital anomalies of the genitourinary tract (presenting in adults), including epispadias and hypospadias • Microscopic surgery (epididymovasostomy and vasovasostomy) • Open and minimal invasive (endoscopic) stone surgery on kidney, ureter, and bladder • Percutaneous aspiration or tube insertion • Performance and evaluation of urodynamic studies • Surgery of the lymphatic system, including lymph node dissection (inguinal, retroperitoneal, or pelvic), excision of retroperitoneal cyst or tumor, and exploration of retroperitoneum • Surgery of the prostate, including transrectal ultrasound-guided and other biopsy techniques, all forms of prostate resection or ablation, and all forms of prostatectomy • Surgery of the testicle, scrotum, epididymis, and vas deferens, including biopsy, excision and reduction of testicular torsion, orchiopexy, orchiectomy, epididymectomy, vasectomy, vasovasostomy, and repair of injury • Surgery of the testicle, scrotum, epididymis, and vas deferens, including biopsy, excision and reduction of testicular torsion, orchiopexy, orchiectomy, epididymectomy, vasectomy, vasovasostomy, and repair of injury • Surgery of the urethra, including treatment of urethral valves (open and endoscopic), urethral fistula repair (all forms, including grafting), urethral suspension procedures (including grafting, all material types), visual urethrotomy, sphincter prosthesis, and periurethral injections (e.g., collagen) • Surgery of the urinary bladder for benign or malignant disease (including partial and complete resection), diverticulectomy and reconstruction, bladder instillation treatments, cystolithotomy, total or simple cystectomy, creation of neobladders, and repair of bladder injury and bladder neck suspension • Surgery upon the adrenal gland, including adrenalectomy and excision of adrenal lesion • Surgery upon the kidney, both open and laparoscopic, including total or partial nephrectomy, including radical transthoracic approach, renal surgery through established nephrostomy or pyelostomy, and open renal biopsy • Surgery upon the penis, including circumcision, penis repair for benign or	
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	malignant disease, grafting, excision or biopsy of penile lesion, and insertion, repair, removal of penile prosthesis • Surgery upon the penis, including circumcision, penis repair for benign or malignant disease, grafting, excision or biopsy of penile lesion, and insertion, repair, removal of penile prosthesis	
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Non-Core Privileges

To obtain these privileges, you must provide documentation of the minimum number of procedures required (provider, supervising attending, or during department in-service). Privileges will be considered based on applicability, scope of practice, and documentation of experience.

Applicant: initial to request	Non-core privileges are requested individually, in addition to requesting core privileges. Each practitioner requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant.	Division/ Dept Chair: initial to recommend
☐	Administration of Sedation and Analgesia ☐ Conscious Sedation (e.g. versed, morphine, fentanyl) – DOES NOT INCLUDE USE OF KETAMINE OR PROPOFOL ☐ Ketamine (test required every 2 years) ☐ Propofol (test required every 2 years) <i>Initial request:</i> Successful completion of an ACGME– or AOA–accredited post graduate training program which included training in administration of sedation and analgesia, including the necessary airway management skills or department-approved extra training and experience AND Documented current competence and evidence of the performance of at least 5 cases (can be any combination) within the past 24 months, or completion of training within the past 24 months. Please provide clinical activity/procedure log. <i>Renewal/Reappointment:</i> Documented current competence and evidence of the performance of at least 5 cases (can be any combination) within the past 24 months.	☐
☐	Fluoroscopy Privilege to operate and/or supervise operation of fluoroscopy equipment. Requirement: Current Fluoroscopy or Radiology X-Ray Supervisor and Operator Permit from CDPH.	☐

Other Privileges

If you wish to obtain any privilege not listed above, please list it here and the Credentials Committee will review.

Initial Focused Professional Practice Evaluation (iFPPE) Requirements

For initial requests, providers must complete ALL iFPPE forms through Medical Staff Office (MSO) and return to MSO.

ACKNOWLEDGMENT OF PROVIDER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center Hospital and Clinics, and I understand that:

- a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Provider's Signature: _____ **Date:** _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- ☐ **Recommend All Requested Privileges**
- ☐ **Recommend Privileges with the Following Conditions/Modifications:**
- ☐ **Do Not Recommend the Following Requested Privileges:**

Privilege	Condition/Modification/Explanation

Notes:

Department Chair Name (Print): _____

Department Chair Signature: _____

Date: _____



Origination 03/2004
 Last Approved N/A
 Effective Upon Approval
 Last Revised 06/2026
 Next Review 3 years after approval

Owner Judy Anne Rivera:
 Nursing Program Manager
 Area Nursing
 Applicability CCRMC, Health Centers & Detention

Guidelines for Pain Management Techniques

Please see the attached file.

Attachments

[Pain Management Techniques 2026.doc.doc](#)

Approval Signatures

Step Description	Approver	Date
Medical Executive Committee	Sarah E. Mcneil	Pending
Patient Care Policy and Evaluation Committee	Vijay K. Bhandari [AL]	07/2026
Clinical Practice Committee	Ira-Beda Sabio: Director, Inpatient Nursing OP [LS]	06/2026
	Judy Anne Rivera: Nursing Program Manager	06/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

PAIN MANAGEMENT TECHNIQUES

GUIDELINE STATEMENT:

To provide the patient with strategies to help patients manage their pain.

A variation of techniques will be made available to the patient in attempt to manage their pain.

GUIDELINES:

- A. Possible alternate methods for assisting the patient with pain management may include
 1. **Relaxation and mind-body techniques:** guided imagery, deep breathing exercises, muscle relaxation, calming music, meditation, distraction and relaxation-focused activities.
 2. **Comfort and mobility measures:** repositioning, energy conservations, exercise or range-of-motion activities as tolerated, an referral to Physical Therapy or Occupational Therapy when indicated.
 3. **Sensory and environmental measures:** reduction of noise and stimulation, use of the patient's preferred music, television, reading materials, games or any other age-appropriate distraction techniques.
 4. **Thermal therapies:** heat or cold therapy when clinically appropriate and in accordance with hospital heat/cold application procedure. Assess skin integrity, sensation, circulation, cognition and patient's tolerance before and during application. Do not apply directly to the skin; discontinue and notify provider for any worsening pain, skin changes or intolerance.
 5. **Massage and touch therapies:** hand, foot or back massage may be offered when appropriate using hospital approved non-medicated lotion. Avoid massage over areas of skin breakdown, suspected/known thrombosis, acute injury, infection, surgical sites unless approved by the provider, or any other contraindicated areas
 6. **Spirituality and reflection:** offer access to spiritual care, prayer, journaling, quiet time, family/support persons, or discussion of stress when desired by the patient.
- B. Special Considerations: Patient populations
 1. Nonpharmacological pain-management techniques shall be individualized to the patient's developmental level, cognitive and sensory abilities, mobility, clinical indications, and preferences.
 2. Pediatric: Use age-appropriate distraction and relaxation techniques. Involve parents/caregivers when appropriate
 3. Older Adults: Ensure glasses, hearing aids, and mobility devices are available; adapt interventions for cognition, fatigue and fall risk
 4. Cognitive/Communication/Developmental Disabilities: Use simple instructions, caregiver input, familiar routines, and non-verbal pain indicators, minimize overstimulation
 5. Home Care/Family Support: Teach patients and caregivers safe techniques to continue at home

and when to report worsening or uncontrolled pain.
C. Document in cclink.

REFERENCES

- A. .
- B. Perry, Potter, Ostendorf & Laplante (2022). Clinical Nursing Skills & Techniques (10th edition) "Nonpharmacological Pain Management p 449- 455."
- C. TJC 2026 Standard PC.01.02.07, "The hospital assesses and manages the patient's pain."



Origination	08/2017	Owner	Mary Bautista-Reyes: Hs Education And Training Spec
Last Approved	N/A		
Effective	Upon Approval	Area	Nursing
Last Revised	05/2026	Applicability	CCRMC, Health Centers & Detention
Next Review	3 years after approval	References	TJC 2025

Policy for Blood and Blood Components, Transfusion

POLICY STATEMENT:

This policy provides CCRMC and Health Center healthcare personnel guidelines for the safe transfusion of blood and blood components.

GUIDELINES:

- A. A Registered Nurse (RN) or **physician provider** can administer blood and its components (Platelets, cryoprecipitate, fresh frozen plasma, Factor VIII, Albumin, and Immunoglobulin) as ordered by the **physician provider** using standard precautions.
- B. A Licensed Vocational Nurses (LVN) may pick up and verify blood/blood products. An LVN may administer RhoGAM® in accordance with the RhoGAM® policy.
- C. An infusion pump and Y-Type Blood set with (170-260 microns) filter should be used.
- D. Do not transfuse a unit of blood for more than 4 hours.
- E. Blood set is discarded/changed after 4 units or after 4 hours of transfusing.
- F. Intravenous (IV) medications will not be administered into the same tubing line with blood/ blood components.
- G. Blood/blood components will only be stored in Transfusion Service/-Blood Bank refrigerator.

- H. Return sealed , unused units to Transfusion Service/-Blood Bank within 30 minutes from time of issue.
- I. All platelet bag must be returned to Transfusion Service/-Blood Bank upon completion of transfusion.
- J. Consent for transfusion should be documented in the patient's electronic health record (EHR) ~~prior to transfusion except in a medical record (EMR) prior to transfusion except in a medical~~ emergency, excluding Albumin and Immunoglobulin which do not require a consent.
- K. A brochure of " A Patient's Guide to Blood Transfusion " will be provided to patient and documented in patient's ~~EMR~~EHR.
- L. Autologous blood (self-donated) should be labeled with patient's name, birth date, and date of procedure.
- M. In an emergency, uncross-matched or incompatible units of blood will be issued by Transfusion Service/Blood Bank with a (MR117 Release for Uncrossmatched/Incompatible Units) form. It should be completed by the ~~physician~~provider and returned to Transfusion Service/-Blood Bank.
- N. ~~In event of a Transfusion Reactions , Transfusion Service / Blood Bank and physician should be notified immediately.~~In the event of a transfusion reaction, stop transfusion. Change IV set and keep vein open with a new bag of 0.9% normal saline. Notify Transfusion Service/Blood Bank and provider. Perform clerical check. Order for a transfusion reaction evaluation work up. Complete the Transfusion Reaction Evaluation form.

RELATED LINKS:

Procedure for Blood and Blood Components, Transfusion

MR68 Release for Uncrossmatched/Incompatible Units

A Patient's Guide to Blood Transfusion - English

[MR 68 Transfusion Reaction Evaluation](#)

Policy for Administration of RhoGAM

Policy for Neonatal Blood Transfusion

Procedure for Massive Transfusion Protocol (MTP)

REFERENCES:

- A. Smith, S., Duell, D., Martin, B., Gonzalez, L., & Aebersold, M. (2017). Blood transfusions. *In Clinical Nursing Skills: Basic to Advanced Skills* (9th ed., pp. 1097-1103). Pearson.
- B. Perry, A., Potter, P., Ostendorf, W., & Laplante, N. (2022). Blood therapy. *In Clinical Nursing Skills & Techniques* (10th ed., pp. 902 – 920). Elsevier.
- C. Vossoughi, S., Paroder, M.. (2021), Administration of blood components. In Cohn, C.S., Delaney, M., Johnson, S.t., & Katz, L.M. (Eds.). *Technical Manual* (21st ed., pp.567 - 586). American Association of Blood Banks.
- D. U. S. Food and Drug Administration/Center for Biologics Evaluation and Research. (2022, March). *An acceptable circular of information for the use of human blood and blood components: Guidance for Industry.* www.fda.gov. [An Acceptable Circular of Information for the Use of Human Blood and Blood Components](#) | FDAGorshi, L., Hadaway, L., Hagle, M.,

Broadhurst, D., Clare, S., & Kleidon, T.Alexander, M., (2021). Infusion therapy standards of practice, 8th edition. *Journal of Infusion Nursing*, 44(1S):S1-S224.

APPROVALS:

Infection Prevention & Control Committee: 3/21, 2/23

Clinical Practice Committee: 10/25

Patient Care Policy & Evaluation Committee: 9/17, 4/21, 3/23

Medical Executive Committee: 5/21, 3/23,10/24

Approval Signatures

Step Description	Approver	Date
Patient Care Policy and Evaluation Committee	Vijay K. Bhandari	Pending
Clinical Practice Committee	Ira-Beda Sabio: Director, Inpatient Nursing OP [LS]	06/2026
	Mary Bautista-Reyes: Hs Education And Training Spec	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document



Origination 03/2004
 Last Approved N/A
 Effective Upon Approval
 Last Revised 07/2026
 Next Review 3 years after approval

Owner Judy Anne Rivera:
 Nursing Program Manager
 Area Nursing
 Applicability CCRMC, Health Centers & Detention

Policy for Pain Management

POLICY STATEMENT:

To provide guidelines for the initial assessment, reassessment, and management of the patient's pain

GUIDELINES:

- A. All patients seen at Contra Costa Regional Medical Center and Health Centers presenting with pain will be screened, assessed, and reassessed based on their age, medical history, presenting condition and level of understanding. Pain management and its outcome will be documented in the patient's electronic medical record. A sedation scale assessment tool is used as clinically indicated based on the patient's risk level for adverse outcomes related to opioid treatment.
 1. Inpatient
 All admitted patients will be assessed by a licensed registered nurse for pain upon admission and **at least** every shift thereafter.
 2. Emergency Department
 Patients who present to the emergency department with complaints of pain will be screened at triage and as clinically indicated.
 3. Ambulatory Care
 Patients who present to the clinic with complaints of pain will be assessed upon initial evaluation.
- B. Assessment and management:
 1. Assess the patient for pain **at least** once every shift or upon initial evaluation and

when clinically indicated.

2. Interventions to treat and manage the patient's pain will be provided, taking into consideration the patient's personal, cultural, and spiritual beliefs regarding pain management.
3. Education will be provided to the patient and the patient's family when treating or managing the patient's pain and upon discharge.
4. Pain reassessment will be performed in a timely manner based on the treatment or management provided to determine its effectiveness in meeting the patient's stated goal. ~~If pain medication is administered, the patient will be reassessed within 60 minutes for oral medications, and 30 minutes for intravenous (IV) medications, or as ordered by the provider.~~
 - a. If pain medication is administered, the patient will be reassessed within 60 minutes excluding intravenous (IV) medications which require 30 minutes, or as ordered by the provider.
 - b. If non-pharmacologic interventions, pain will be reassessed in a timely manner appropriate to the clinical situation.
 - c. ED patients who report pain at triage and receive non-pharmacological pain intervention will have pain reassessed in a timely manner appropriate to the clinical situation, even if patient has not yet been roomed.
 - a. For ED patients, non-pharmacological interventions, "timely manner" is defined as:
 - : At the next direct nursing contact, or
 - : When the patient is placed in an ED treatment room, whichever occurs first.
 - b. If the patient's condition changes or pain worsens while awaiting rooming, the triage nurse will reassess the patient and escalate care as clinically indicated.
 - d. All non-pharmacologic interventions and reassessments will be documented in the electronic health record (EHR).
5. PRNs and One-Time Administration:
 - a. Reassessment for prn and one-time orders will occur within 60 minutes of administration and be documented., excluding (IV) medications which require 30 minutes reassessment or as ordered by the provider.
6. Assessment, reassessment, intervention and outcome will be documented in the patient's electronic medical record.
7. If a patient's stated goal is not met or pain is unrelieved, a provider will be notified.

C. Documentation:

1. Document in ~~eeLink~~EHR.

RELATED LINKS:

[Pain Management Techniques](#)

[How to Use a Pain Rating Scale](#)

[Pain Management Techniques](#)

[How to Use a Pain Rating Scale](#)

[Procedure for Pain Relief Exercises](#)

[904D Critical Care Pain Observation Tool](#)

[904D Critical Care Pain Observation Tool](#)

[Policy for Medication Administration and Documentation](#)

REFERENCES:

- A. Perry, Potter, and Ostendorf. **Clinical Nursing Skills and Techniques**. 10th Edition. "Pain Management."
- B. American Association of Critical Care Nurses. (2016). AACN Practice alert: Assessing pain in critically ill adults. Retrieved from [Assessing Pain in Critically Ill Adults - AACN](#)
- C. Stites, M. (2013). Observational pain scales in critically ill adults. *Critical Care Nurses*, 33(3), 68-79. doi:<http://dx.doi.org/10.4037/ccn2013804>
- D. TJC Standard PC.01.02.07, "The hospital assesses and manages the patient's pain and minimizes the risks associated with treatment."

APPROVALS:

Clinical Practice Committee: 2/2016, 6/2019, 12/2022

~~Patient Care Policy & Evaluation Committee: 3/2016, 7/2019, 1/2023~~

~~Medical Executive Committee: 4/18/16, 8/2019, 1/2023~~

~~Joint Conference Committee: 3/2023~~

[Patient Care Policy & Evaluation Committee: 3/2016, 7/2019, 1/2023](#)

[Medical Executive Committee: 4/18/16, 8/2019, 1/2023](#)

[Joint Conference Committee: 3/2023](#)

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of Supervisor	Pending

Medical Executive Committee	Sarah E. Mcneil [TT]	07/2026
Patient Care Policy and Evaluation Committee	Vijay K. Bhandari [AL]	07/2026
Clinical Practice Committee	Ira-Beda Sabio: Director, Inpatient Nursing OP [LS]	06/2026
	Judy Anne Rivera: Nursing Program Manager	06/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document



Origination 05/2004
 Last Approved N/A
 Effective Upon Approval
 Last Revised 06/2026
 Next Review 3 years after approval

Owner Lina Xiao:
 Hs
 Education
 And
 Training
 Spec
 Area Nursing
 Applicability CCRMC,
 Health
 Centers &
 Detention

Policy for Pressure Injuries and Wounds: Prevention and Care

POLICY STATEMENT:

To provide staff with evidence-based practice guidelines for the skin assessment, prevention of pressure injuries and management of wounds.

GUIDELINES:

- A. Patients will be assessed for alteration in skin integrity. The Braden Scale will be used to assess risk level for developing pressure injuries. Interventions are implemented based on the risk factors and type of wound identified.
- B. Assessment
 1. ~~"4 Eye Skin Assessment" is performed and documented:
 By two RNs who will perform visual head to toe skin assessment at the same time, and document.~~
"4 Eye Skin Assessment" is performed and documented:
 By two RNs who will perform visual head to toe skin assessment at the same time, and document.
 - a. Every shift for patients with a Braden Score of 18 or less.
 - b. On every patient within 8 hours of admission.

- c. On transfer to a different unit.
- d. If the patient is being discharged to a health care facility.

~~Universal skin care guidelines include a complete skin assessment with documentation and at least every shift.~~

Universal skin care guidelines include a complete skin assessment with documentation and at least every shift.

- 2. Identify risk factors contributing to pressure injury development.
 - a. **Braden Scale Risk Assessment** must be completed and documented on admission and at least every shift.
 - b. **Immobility/External mechanical Load:** Identify those patients with unavoidable external forces of pressure, generally over a bony prominence. Examples:
 - i. CCU or critically ill patient who is immobile due to sedation or intubation.
 - ii. OR/Surgery lasting 3 hours or more.
 - iii. Paralysis due to trauma or stroke (i.e., paraplegic).
 - c. **Susceptibility of the individual/other considerations:**
 - i. Previous history or existing pressure injuries.
 - ii. Alteration in tissue perfusion (Hypotension, vasoactive medications, edema).
 - iii. Any co-morbidities (Diabetes, Anemia, CHF).
 - iv. Immunosuppression.
 - v. High or low body temperature.
 - vi. Dehydration.
 - vii. Malnutrition or low body weight.
 - viii. BMI <19 or >40
 - ix. Presence of a medical device.
- 3. Complete and document a skin/integumentary assessment upon admission and ~~then~~then every shift.
 - a. Integumentary/ skin assessment is documented for every patient.
 - i. Skin color
 - ii. Skin turgor
 - iii. Skin integrity
 - iv. Location of break in skin integrity
 - v. Presence of transdermal patch
 - vi. Presence of medical device

- vii. Skin under device is inspected.
- viii. Medical device repositioned and/or secured
- ix. If prophylactic dressing applied
- x. Prophylactic dressing location
- xi. Additional assessments

b. Pay attention to the following hot spots locations:

HOT SPOTS: heels, occiput, toes, sacrum, posterior buttocks, over bony prominences, thoracic spine, scapula, ears, and between knees. Check skin under medical devices (ex: respiratory devices, orthopedic devices, foley catheters, fecal containment devices, surgical drains, central venous and dialysis catheters, sequential compression device sleeves, graduated compression stockings, restraints).

4. Assess wounds.

a. Description

- i. ~~wound~~Wound location;
- ii. Type
- iii. Size (measure length, width and depth in centimeters) initially and weekly thereafter
- iv. Peri-wound skin condition
- v. Wound base
- vi. Margins
- vii. Presence of undermining/ tunneling (measure initially and every week)
- viii. Exudate type;
- ix. ~~size (measure length, width and depth in centimeters) initially and weekly thereafter~~
- x. ~~presence of undermining/ tunneling (measure initially and every week);~~
- xi. ~~color,~~
- xii. ~~odor,~~
- xiii. ~~exudate and~~
- xiv. ~~peri-wound skin condition~~
- xv. Drainage amount
- xvi. Odor

b. ~~Types of wounds to assess:~~

Types of wounds to assess:

- i. Arterial wound

- ii. Dehisced/open surgical wound.
- iii. Diabetic/neuropathic wound
- iv. Pressure injuries
- v. Venous ulcers
- vi. Other wounds with treatment ordered.
- vii. New wounds/ altered skin integrity issues are noted, based on assessment.

~~Altered skin integrity which is patchy or continuous over diffused areas, or with poorly defined edges and uneven depth, may prevent accurate measurement. Photograph if necessary, based on assessment.~~

Altered skin integrity which is patchy or continuous over diffused areas, or with poorly defined edges and uneven depth, may prevent accurate measurement. Photograph if necessary, based on assessment.

C. Notification

1. Call MD to classify or stage wound. In the event of pressure injury staging clarification, contact Wound Care Consult Team. A wound consult is ordered by the physician for treatment orders by the Wound Consult team ~~or for the WOCN to make recommendations for the wound. These recommendations by the WOCN are cosigned by the physician. Notify physician for any discrepancies in treatment or need for treatment for wound or alteration in skin integrity.~~
2. Notify physician of suspected local or systemic wound infection and collect wound culture if ordered by the physician.
 - a. Obtain wound and nasal MRSA culture for patients admitted with draining open wound.
 - b. Patients may be placed on contact precautions pending culture results.
3. Report pressure injuries both hospital-acquired and present on admission using SERS Reporting System.
4. Report all Pressure Injuries to Charge Nurse/NPM/MCS upon identification.
5. Follow MD orders regarding skin and wound management.

D. WOUND DOCUMENTATION

1. Wound Documentation Tab in ccLink/ Progress Notes and Media for photo is filled out at the time of admission or discovery of Pressure Injury or Wound. Re-assess dressings every shift, and wounds every dressing change.
2. Measure and ~~Photograph~~ photograph all pressure injuries on admission, day of discovery and weekly thereafter. See Attachment A.
3. Based on assessment, measure and photograph other wounds upon identification and weekly thereafter. Document in skin/Integumentary assessment Tab every shift. Document non-pressure related wound care treatment in Wound Documentation Tab in CClink every shift.

4. New post-op dressings should be kept on and do not remove unless with MD order.

E. PREVENTION INTERVENTION

1. Patients admitted to the hospital will receive general pressure injury prevention interventions following basic skin care guidelines.
 - a. **S**kin inspection & Risk assessment
 - b. **K**eeppressure off
 - c. **I**ncontinence/ moisture skin protection
 - d. **N**utrition screening
2. Prevention interventions are provided based upon the total Braden Risk Score AND based upon alterations in any subscale categories. Prevention interventions will be provided following the Braden Risk Assessment Evaluation (Attachment D) and Pressure Injury Prevention Interventions (Attachment C) based on subscales:
 - a. Moisture.
 - b. Nutrition.
 - c. Friction/Shear.
 - d. Mobility.
 - e. Sensory Perception.
 - f. Activity
3. Consider ordering specialty beds (ex: air mattress) for patients with Braden Scale score 18 or below and low mobility scores or multiple pressure injuries on more than one turning surface.
 - a. Patients in the Emergency Department with admission orders will receive the inpatient assessment through the process and timeline described in nursing policy and procedure. The presence of pressure ulcers or risk factors will be considered in prioritizing bed selection for ED patients.
 - b. Turn/reposition patient regardless of the support surface in use, as necessary.
4. Implement prophylactic dressing and devices (silicone-bordered foam dressings; waffle boots) on patients with Braden Scale score of 18 or below and with low mobility score; on patients with OR time ≥ 3 hours or multiple surgeries during the current admission.

F. WOUNDS/ PRESSURE INJURY CARE MANAGEMENT

1. Cleanse wounds with each dressing change. Follow physician orders for wound and/ or pressure injury management and treatment. ~~See Attachment E.~~
2. Pain Management
 - a. Assess/Re-assess and document the presence of pain and pain relief related to wound/pressure injury or its treatment.
 - b. Follow MD orders related to pain management. Consult physician for

adjunct topical pain control measures if needed.

3. Patient Education

- a. Assess patient/caregiver readiness and ability to learn regarding wound care. Involve patient/caregiver.
- b. Assure that patient/caregiver is able to show a return demonstration for pressure injury/wound care and repositioning techniques prior to discharge.

4. Discharge Planning: The interdisciplinary team (physicians; nurses; PT/OT; social worker; and utilization management nurse) will coordinate to ensure appropriate services, equipment and supplies are ordered and available prior to discharge.

RELATED LINKS:

[1101A: Photographic Documentation of Wounds and Pressure Injuries](#)

[1101B: Protected Health Information Security: Theft of Clinical Photography Camera](#)

[1101C: Pressure Injury Prevention Interventions](#)

[1101D: Braden Risk Assessment Evaluation for Skin Breakdown](#)

[1101E: Recommended Dressings for Pressure Injury and Other Wounds](#)[Attachment A: Procedure for Photographic Documentation of Wounds and Pressure Injuries](#)

[Attachment B: Pressure Injury Prevention Interventions](#)

[Attachment C: Braden Scale for Predicting Pressure Sore Risk](#)

REFERENCES:

- A. Perry, A.G., Potter, P.A., Ostendorf, W., Ostendorf and Laplante, W.N.R. (Eds;2022). *Clinical nursing skills & techniques*. (2018). Clinical nursing skills & techniques (9th 10th ed.). St. Louis: Elsevier.
- B. TJC Standard PC.01.02.03, "The hospital assesses and reassesses the patient and his or her condition according to defined time frames."

APPROVALS:

Clinical Practice Committee: 9/2016, 5/2018, 11/2022

Patient Care & Policy Evaluation Committee: 10/2016, 5/2017, 6/2018, 12/2022

Medical Executive Committee: 11/2016, 12/2022

Joint Conference Committee: 3/2023

Approval Signatures

Step Description

Approver

Date

Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	06/2026
Patient Care Policy and Evaluation Committee	Vijay K. Bhandari [AL]	06/2026
Clinical Practice Committee	Ira-Beda Sabio: Director, Inpatient Nursing OP [LS]	05/2026
	Lina Xiao: Hs Education And Training Spec	01/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document



Origination 04/2008
 Last Approved N/A
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 Last Revised 06/2026
 Next Review 3 years after approval

Owner Cita Richeson:
 Nursing Program Manager
 Area Perinatal
 Applicability CCRMC, Health Centers & Detention

Policy for Administration of Oxytocin for Induction/ Augmentation

POLICY STATEMENT:

The principles employed in administering oxytocin for augmentation of labor are the same as those for induction. Oxytocin will be administered in the Labor and Delivery department by labor and delivery Registered Nurses (RN) to intrapartum patients per physician's orders.

GUIDELINES:

Indications for oxytocin inductions include but are not limited to:

- A. Postdates pregnancy
- B. Preeclampsia
- C. Chronic hypertension
- D. Gestational Hypertension
- E. Diabetes Mellitus
- F. Rh Isoimmunization
- G. Previous stillbirth
- H. Advanced maternal age
- I. Current or history of intrauterine fetal demise
- J. Intrauterine growth restriction

- K. Major fetal anomalies
- L. Oligohydramnios or Polyhydramnios
- M. Multiple Gestation
- N. Cholestasis of pregnancy

Augmentation of labor may be initiated when:

- A. The frequency or intensity of contractions are inadequate to result in progressive cervical dilation or descent of the fetus.
- B. A diagnosis of protraction or arrest disorder is made
- C. Membranes have spontaneously ruptured without ensuing spontaneous labor

RELATED LINKS:

[Procedure for Administration of Oxytocin for Induction/ Augmentation](#)

Attachment A ~~2.68A~~, Bishop Scoring and Determining Adequate UCs with Montevideo Units

Attachment B ~~2.68B~~, Management of Tachysystole

[Oxytocin Use in the Perinatal Unit Programming the Alaris Pump](#)

REFERENCES

- A. Simpson, K. R., & Creehan, P. A. (2020). *Awhonn's perinatal nursing*. Lippincott Williams & Wilkins.
- B. The Joint Commission (2024). MM. 06.01.01 "The hospital safely administers medications".

APPROVALS:

OB department 6/2019, 09/2022

Clinical Practice Committee: 9/2015, 09/2022

Patient Care Policy and Procedure Committee: 11/2015, 10/2022

Medical Executive Committee: 11/2015, 10/2022

Joint Conference Committee: 3/2023

Attachments

[Bishop Scoring System and Montevideo Units \(MVU\)](#)

[Management of Tachysystole](#)

Approval Signatures

Step Description	Approver	Date
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Patient Care Policy and Evaluation Committee	Vijay K. Bhandari	Pending
Clinical Practice Committee	Ira-Beda Sabio: Director, Inpatient Nursing OP [LS]	06/2026
	Cita Richeson: Nursing Program Manager	06/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document



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 Next Review 3 years after approval

Owner Cita Richeson:
 Nursing Program Manager
 Area Perinatal
 Applicability CCRMC, Health Centers & Detention

Policy for Neonatal Prostaglandin Drip

POLICY STATEMENT:

~~Neonates receiving prostaglandin therapy will be safely cared for by Registered Nurse.~~

~~Prostaglandin therapy is used to maintain patency of the ductus arteriosus until transport to a higher acuity Nursery can be arranged.~~

Prostaglandin therapy is used to promote dilation of the ductus arteriosus in infants with congenital heart disease (ie, pulmonary atresia, pulmonary stenosis, tricuspid atresia, tetralogy of fallot, interruption of the aortic arch, coarctation of the aorta, or transposition of the great vessels with or without other defects) dependent on ductal shunting for oxygenation/perfusion.

GUIDELINES:

- A. The initial dose depends on the clinical presentation and can range from 0.05 – 0.1 mcg/kg/minute per physician order.
- B. Maintenance dose may be as low as 0.01 mcg/kg per minute.
- C. Prostaglandin is compatible in D5W, and Normal Saline. Avoid direct contact of undiluted prostaglandin with the plastic wall of volumetric infusion chambers because the drug will interact with the plastic and create a hazy solution. Discard the solution and the volumetric chamber if this happens.
- D. Continuous infusion via a large peripheral vein is the preferred route of administration. May also be given via umbilical venous catheter, or umbilical artery catheter (UAC) if positioned near the ductus arteriosus.

- E. When given via the UAC, cutaneous vasodilation can occur and may be corrected by repositioning the catheter. The infusion should not be interrupted for ABG's.

RELATED LINKS:

[Procedure for Neonatal Prostaglandin Drip](#)

REFERENCES:

- A. Geggel, R. L. (2023). *Diagnosis and initial management of cyanotic heart disease in the newborn*. UpToDate. <https://www.uptodate.com/contents/diagnosis-and-initial-management-of-cyanotic-heart-disease-in-the-newborn?search=diagnosis+and+initial+management+of+cyanotic+heart+disease>
- B. ~~IBM Watson Health. (2020). Alprostadil - Neonate. Micromedex Products:-~~ [https://www.micromedexsolutions.com/micromedex2/librarian/PFActionId/evidencexpert.GetNeofaxDrugMonograph?navitem=neofaxDrugMonographDocRetrievalAlprostadil-Neonate.Micromedex\(2025\)](https://www.micromedexsolutions.com/micromedex2/librarian/PFActionId/evidencexpert.GetNeofaxDrugMonograph?navitem=neofaxDrugMonographDocRetrievalAlprostadil-Neonate.Micromedex(2025))
- C. ~~The Joint Commission Standard (20242026). MM 01.01.03 "The hospital safely manages high-alert and hazardous medications".~~ [The hospital safely manages high-alert and hazardous medications.](#)

APPROVALS:

Pediatrics Department: 08/2023

Pharmacy: 08/2023

Clinical Practice Committee: 11/2016, 10/2023

Patient Care Policy and Evaluation Committee: 12/2016, 10/2023

Medical Executive Committee: 1/2017, 10/2023

Joint Conference Committee: 11/2023

Approval Signatures

Step Description	Approver	Date
Patient Care Policy and Evaluation Committee	Vijay K. Bhandari	Pending
Clinical Practice Committee	Ira-Beda Sabio: Director, Inpatient Nursing OP [LS]	06/2026
	Cita Richeson: Nursing Program Manager	06/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document



Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	3 years after approval

Owner	Cita Richeson: Nursing Program Manager
Area	Perinatal
Applicability	CCRMC, Health Centers & Detention

Policy for Developmentally Appropriate Oral Feedings for Infants

~~PROCEDURE FOR DEVELOPMENTALLY APPROPRIATE ORAL FEEDINGS FOR INFANTS~~

~~POLICY STATEMENT:~~

POLICY STATEMENT:

Late-preterm infants (LPI), 34-35 weeks gestation, who are hemodynamically stable and no longer requiring continuous positive airway pressure (CPAP) shall be assessed for developmentally appropriate oral feeding readiness using the Neonatal Oromotor Milestones (NOM) scoring system. 36-week infants who have immature feeding behaviors will be considered for NOM.

Nursing staff are responsible for applying this standardized assessment to determine an infant's readiness for oral feeding and to guide feeding modality selection. Infants who do not meet established readiness criteria for safe oral feeding shall receive enteral nutrition via nasogastric tube (NGT).

GUIDELINES:

Principles:

1. Nasogastric tubes support safe learning. They do not delay feeding maturity.

2. Physiologic stability precedes oral feeding.
3. Infant leads feeding readiness and volume.
4. Quality of feeding is more important than quantity.
5. NG tube supplementation is protective not punitive.
6. Feeding skills mature over time.
7. Variability is expected.

Alignment with Baby Friendly

1. Oral feeding attempts may be breast (preferred) or bottle (if parents request after receiving education as per Procedure for Infant Feeding).
2. NGT supplementation is temporary support with a goal of exclusive direct breastfeeding.
3. Respects infant readiness.
4. Avoids forced feeding volume.
5. Prevents feeding-related fatigue that undermines breastfeeding success.
6. Encourages parental cue recognition.
7. Avoids shaming language.
8. Recognizes LPIs as high-risk breastfeeding population.
9. Focus on cue-based assessment not rigid feeding plans.

RELATED LINKS:

[Procedure for Developmentally Appropriate Oral Feedings for Infants](#)[Procedure for Developmentally Appropriate Oral Feedings for Infants](#)

REFERENCES:

Infant Driven Feeding for Preterm Infants: Learning Through Experience. Gelfer, P. et al. Newborn and Infant Nursing Reviews 15 (2015) 64-67

AAP LPI

Attachments

[2026 Feeding Readiness Algorithm.pdf](#)

Approval Signatures

Step Description	Approver	Date
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Joint Conference Committee	John Gioia: Board of Supervisor	Pending
Medical Executive Committee	Sarah E. Mcneil [SP]	07/2026
Patient Care Policy and Evaluation Committee	Vijay K. Bhandari [AL]	06/2026
Clinical Practice Committee	Ira-Beda Sabio: Director, Inpatient Nursing OP [LS]	05/2026
	Cita Richeson: Nursing Program Manager	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

Status **Pending** PolicyStat ID **20646173**



Origination 07/2023
Last Approved N/A
Effective Upon Approval
Last Revised 07/2023
Next Review 3 years after approval

Owner Shideh Ataii:
Director Of
Pharmacy
Svcs
Area Pharmacy
Applicability CCRMC,
Health
Centers &
Detention

Diagnostic Imaging Medication Box

Please see the attached file.

RELATED LINKS:

[Policy for Diagnostic Imaging Medication Box](#)

Attachments

[Diagnostic Imaging Medication Box](#)

Approval Signatures

Step Description	Approver	Date
Patient Care Policy and Evaluation Committee	Vijay K. Bhandari	Pending
	Shideh Ataii: Director Of Pharmacy Svcs	06/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document

Earliest expiring medication: _____

Earliest expiring supply: _____

Lock #: _____ RPh: _____

DIAGNOSTIC IMAGING MEDICATION BOX

MEDICATION	EXP DATE	MEDICATION	EXP DATE
Dextrose 50% 50ml vial		Epipen Auto-Injector 0.3mg	
Bact. Normal Saline Inj 30ml	1	Ephedrine 50mg/1ml amp	
	2	Diphenhydramine 50mg vial	1
Bact. Water for Inj 30ml			2
Calcium gluconate 10% 10ml			3
Naloxone 0.4mg/1ml vial			4
Flumazenil 0.5mg/5ml	1	Aromatic Ammonia 1 box	
	2	Epinephrine 1mg/ml vial	1
Atropine Sulfate 0.4ml vial	1		2
	2	Albuterol Inhaler #1	
Methylprednisolone sodium succinate 40mg vial			
Methylprednisolone sodium succinate 125mg vial			
NS 500ml IV bag			
Diphenhydramine 50mg caps	1		
	2		
	3		
	4		

SUPPLY	IN STOCK	SUPPLY	IN STOCK
1 x 1" surgical tape roll		3 x Needles- 22G	
1 x emesis basin		3 x Needles- 18 G	
Cotton balls		4 x Tongue blades	
1 x Arm board		5 x 3ml Syringe	
1 x BP#11 surgical blade		IV Starter Kit	
Alcohol pads		4 x Air ways	
		5 x Adhesive bandages	

Last Reviewed: 7/2023



Origination 01/2001
 Last Approved N/A
 Effective Upon Approval
 Last Revised 05/2026
 Next Review 3 years after approval

Owner Shideh Atai:
 Director Of Pharmacy Svcs
 Area Pharmacy
 Applicability CCRMC, Health Centers & Detention

Policy for Diagnostic Imaging Medication Box

POLICY STATEMENT:

The Diagnostic Imaging areas maintain a Medication Box which contains supplies and medications that could potentially be needed urgently to respond to reactions during Diagnostic Imaging procedures.

The Diagnostic Imaging Department and Pharmacy Department determine which medications will be stocked in the Medication Box.

The Pharmacy Department is responsible for the overall integrity and security of medications contained in the Diagnostic Imaging Medication Box. The container will be sealed by Pharmacy. The container will be inspected monthly by Pharmacy.

All technologists must be familiar with the location of the Medication Box. The Box may be opened as needed to replace outdated supplies.

This policy applies to Pharmacy, Diagnostic Imaging Department

RELATED LINKS:

[Diagnostic Imaging Medication Box](#)

APPROVALS:

Diagnostic Imaging Leadership: 8/2022

Patient Care Policy and Evaluation Committee: 9/2022

Medical Executive Committee: 9/2022

Approval Signatures

Step Description	Approver	Date
Patient Care Policy and Evaluation Committee	Vijay K. Bhandari	Pending
	Shideh Ataii: Director Of Pharmacy Svcs	06/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document



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 Next Review 3 years after approval

Owner Shideh Ataii:
 Director Of
 Pharmacy
 Svcs
 Area Pharmacy
 Applicability CCRMC,
 Health
 Centers &
 Detention

Policy for Emergency Medication Supply – Location & Quantity

POLICY STATEMENT:

Emergency medications and supplies, for use in medical emergencies only, shall be immediately available at each patient care unit or service area. Emergency drugs for resuscitation shall be stored in portable containers and sealed by a pharmacist. Emergency medications contained in the crash carts and kits will be provided in the most ready-to-administer form available, in age-specific doses (where applicable, i.e., neonatal and pediatric care areas) and in-patient unit doses when possible. The automated dispensing machines contain additional stock of certain emergency medications in kits (see [Policy for Malignant Hyperthermia Cart and Kit Contents – Emergency Medication Supply](#), [Policy for Anaphylaxis/Infusion Reaction Emergency Medication Supply](#), [Policy for Anesthesia and Pediatric Rapid Sequence Intubation \(RSI\) Kits – Emergency Medication Supply](#)). PCP&E (Patient Care Policy & Evaluation), Code Blue and MEC (Medical Executive Committee), whose members include licensed independent practitioners, nursing and pharmacy staff will determine and approve the contents of the crash carts and auxiliary emergency medication boxes, utilizing current specialty criteria, recommendations, and guidelines.

To coordinate the maintenance of crash carts with Medical staff, Nursing, Central Sterilization, and Pharmacy staff to ensure that crash carts will be in a constant state of readiness and available on all patient care units and service areas at all times and are monitored on a monthly basis.

GUIDELINES:

- A. Crash Carts: There are three (3) different types of crash carts in the hospital patient care areas:
1. Adult crash carts and Anesthesia Airway kits will be available in all areas where adult patients may be seen. (See [Policy for Crash Cart, Adult - Medication Tray Contents](#))
 2. Pediatric crash carts and Rapid Sequence Response kits (RSI) will be available in all areas where pediatric patients may be seen. (See [Policy for Crash Cart, Pediatric - Medication Tray Contents](#))
 3. Neonatal crash carts will be available in all areas where neonates may be seen. (See [Policy for](#)

Crash Cart, Neonatal – Medication Content)

- B. Malignant Hyperthermia carts will be available in the operating room areas. (See [Policy for Malignant Hyperthermia Cart and Kit Contents – Emergency Medication Supply](#))
1. Malignant Hyperthermia Kits (chilled 0.9% normal saline and regular insulin) will be stored in several refrigerators located in different automated dispensing machines throughout the hospital noted below (See [Policy for Malignant Hyperthermia Cart and Kit Contents – Emergency Medication Supply](#))
- C. Intubation medication kits, the Anesthesia Airway Kits and Pediatric Rapid Sequence Intubation (RSI) kits, are stocked in the automated dispensing machines noted below (See [Policy for Emergency Medication Supply – Location & Quantity](#))
- D. Anaphylaxis kit/box stocked and maintained by pharmacy department are stored in the locations noted below (See [Policy for Anaphylaxis/Infusion Reaction Emergency Medication Supply](#))

	CRASH CARTS PAR	MALIGNANT HYPERTHERMIA (MH) CARTS PAR	INTUBATION KIT PAR						
LOCATION	Adult Cart	Pediatric Cart	Neonatal Cart	MH Cart	MH Kit	Anesthesia Airway Kit	Rapid Sequence Intubation (RSI) Kit	Anaphylaxis Kit	Campus Response Medication Kit
2B-OR	1			1	2				
2C-PACU	1				1	1	1		
3A- Radiology special procedures	1					1			
3A-DI CT Scan Room	1	1				2			
3-ECHO Room	1								
3B-ED	2	1			1	4	1		1
3B-ED (Fast Track)	1					4	1		
3C-CSU	1	1				1	1		
3D-CCU	2					2			
3E-IMCU	1				1	2			
4A-MS	1				1	2			
4B-MS	1					1		1	
4B-MS2						1			
4C-PSY	1					1			
4D-PSY	1					1			

	CRASH CARTS PAR	MALIGNANT HYPERTHERMIA (MH) CARTS PAR			INTUBATION KIT PAR						
5A-OR	1				2	1	2				
5A-PN	1				1		2				
5B-NUR					1						
5C-CP/MS	1						1	2			
5D-MS	1							1			
Building I (Infusion Clinic)	1							1		1	
CT Mobile Van	1	1						2	2		
Total	22	4	4			2	9	31	6	2	11
INPATIENT PHARMACY BACK UP SUPPLY											
	CRASH CART BACK UP TRAYS PAR				MALIGNANT HYPERTHERMIA (MH) BACK UP TRAY PAR		INTUBATION KIT PAR				
SUPPLY OF BACK UP TRAYS/ KITS/BOX (not carts)	Adult Cart	Pediatric Cart	Neonatal Cart	Medication tray for carts	MH Kit	Anesth- esia Airway Kit	Rapid Sequence Intubation (RSI) Kit	Anaphyl- axis Box	Campus Response Medication Kit		
Inpatient Pharmacy	6	2	1			6	3				
Inpatient Pharmacy Night locker	2	2	3	1	1	1	1		1		
Infusion Pharmacy								1			
Total	8	4	4	1	1	7	4	1	1		
STERILE PROCESSING DEPARTMENT (SPD) BACK UP SUPPLY											
	CRASH CARTS PAR			MALIGNANT HYPERTHERMIA (MH) PAR		INTUBATION KIT PAR					
SUPPLY OF BACK UP	Adult Cart	Pedi Cart	Neonatal Cart	MH Cart	MH Kit	Anesthesia Airway Kit	Rapid Sequence	Anaphyl- axis Box	Campus Response		

STERILE PROCESSING DEPARTMENT (SPD) BACK UP SUPPLY									
CARTS							Intubation (RSI) Kit		Medication Kit
Sterile processing department (backup carts)	1	1	1	n/a	n/a	n/a	n/a	n/a	n/a

- E. There are written policies and procedures establishing the contents of the crash carts, procedures for use, restocking and sealing of the emergency carts after use. (See Nursing Policies No. 204, 205, and 207)
- F. Maintaining and inspecting crash carts is a shared responsibility between Nursing, Central Sterilization, and Pharmacy Departments. (See [Policy for Crash Cart Medications - Maintenance](#))

RELATED LINKS:

[Policy for Emergency Medication Supply](#)

[Policy for Emergency Medication Supply – Location & Quantity](#)

[Policy for Crash Cart Medications - Maintenance](#)

[Policy for Crash Cart, Adult - Medication Tray Contents](#)

[Policy for Crash Cart, Pediatric - Medication Tray Contents](#)

[Policy for Crash Cart, Neonatal – Medication Content](#)

[Policy for Malignant Hyperthermia Cart and Kit Contents – Emergency Medication Supply](#)

[Policy for Anaphylaxis/Infusion Reaction Emergency Medication Supply](#)

[Policy for Anesthesia and Pediatric Rapid Sequence Intubation \(RSI\) Kits – Emergency Medication Supply](#)

[Policy for Crash Cart Readiness](#)

[Procedure for Crash Cart Exchange Program](#)

REFERENCES:

- A. TJC Standard MM 01.01.03, MM.03.01.01, MM.03.01.03, PC.02.01.11
- B. Title 22, California; Standards: 1; Elements: 1 Article 263 70263- Pharmaceutical general service.
- C. CMS CoP § 482.12(f), 482.23(c), 482.25(a)(b), 482.55

APPROVALS:

Patient Care Policy and Evaluation Committee: 9/2023

Medical Executive Committee:

Joint Conference Committee:

Approval Signatures

Step Description	Approver	Date
Patient Care Policy and Evaluation Committee	Vijay K. Bhandari	Pending
	Shideh Ataii: Director Of Pharmacy Svcs	06/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document



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 Last Revised 05/2026
 Next Review 3 years after approval

Owner Shideh Atai:
 Director Of Pharmacy Svcs
 Area Pharmacy
 Applicability CCRMC, Health Centers & Detention

Policy for Inventory Activities and Reconciliation Reports of Controlled Substances

POLICY STATEMENT:

For the pharmacy department to perform periodic inventory activities and prepare inventory reconciliation reports to detect and prevent the loss of federal controlled substances.

GUIDELINES:

- A. Every pharmacy and clinic (Note: at CCRMC, we do not have "clinics". By H&S codes, those settings are considered "Health Centers" (HC)) licensed under sections 4180 or 4190 of the Business and Professions Code, shall perform periodic inventory activities, and prepare inventory reconciliation reports to detect and prevent the loss of federal controlled substances.
- B. The pharmacist-in-charge of a pharmacy shall review all inventory and inventory reconciliation reports taken and establish and maintain secure methods to prevent losses of federal controlled substances.
- C. Inventory Activities means inventory and all other functions sufficient to identify loss of controlled substances. Functions sufficient to identify loss of controlled substances outside of the inventory reconciliation process shall be identified with the policy. This includes, but is not limited to, the following:
 1. A physical count or inventory at the following intervals for the specified controlled substances below:
 - a. ~~Control Level~~ Schedule II to V controlled substances biennially (every 2

years)

- b. ~~Control Level~~ Schedule II controlled substances every 3 months
 - c. Four (4) Specific ~~Control Level~~ Schedule III to V controlled substances: alprazolam 1mg, alprazolam 2mg, tramadol 50mg, promethazine/codeine 6.25mg/10mg per 5 mL every 3 months
 - d. Controlled Substances specified in b. and c. above within 30 days upon change of Pharmacist in Charge (PIC) performed by the new PIC
 - e. Hospital pharmacies must include inventory of the controlled substances within the pharmacy, within each pharmacy satellite location, and within each drug storage area in the hospital under the pharmacy's control.
 - f. Hospital pharmacies employing the use of an automated drug delivery system (ADDS) may use other means than a physical count to conduct the inventory.
2. Preparation of an Inventory Reconciliation Report which reviews all acquisitions and dispositions since the last inventory reconciliation report covering that controlled substances and compares the two to determine any variance(s).
- a. ~~All~~ The report and all records used to compile each inventory reconciliation report shall be maintained in the pharmacy (or clinic) in a readily retrievable format for 3 years.
 - b. Possible causes of overages or shortages shall be identified in writing on the report.
 - c. Individual(s) preparing the report shall be identified on the report.
 - d. Individuals who performed the physical count shall sign and date the report.
 - e. The Pharmacist in Charge (PIC) shall sign and date the report.
 - f. ~~The report shall be prepared at the following intervals for the specified controlled substances below:~~
 - g. ~~Control Level II substances every 3 months~~
 - h. ~~Four (4) Specific Control Level III to V substances: alprazolam 1mg, 2mg, tramadol 50mg, promethazine/codeine 6.25mg/10mg per 5 mL every 3 months~~
 - i. ~~All other Control Level III to V substances (except the four substances listed above) if there is a "reportable loss" no later than 3 months after "discovery" of the reportable loss~~
 - j. ~~Control Level II, and four (4) specific Control Level III to V~~ The report shall be prepared at the following intervals for the specified controlled substances (alprazolam 1mg, 2mg, tramadol 50mg, promethazine/codeine 6.25mg/10mg per 5 mL) upon change of Pharmacist in Charge (PIC) performed by the new PIC within 30 days. If possible, the outgoing PIC should also complete an inventory reconciliation report. below:
 - i. Schedule II controlled substances every 3 months

- ii. Four (4) Specific Schedule III to V controlled substances: alprazolam 1mg, alprazolam 2mg, tramadol 50mg, promethazine/codeine 6.25mg/10mg per 5 mL every 3 months
 - iii. All other Schedule III to V controlled substances (except the four substances listed above) if there is a "reportable loss" no later than 3 months after "discovery" of the reportable loss
 - iv. Schedule II, and four (4) specific Schedule III to V controlled substances (alprazolam 1mg, alprazolam 2mg, tramadol 50mg, promethazine/codeine 6.25mg/10mg per 5 mL) upon change of Pharmacist in Charge (PIC) performed by the new PIC within 30 days. If possible, the outgoing PIC should also complete an inventory reconciliation report.
- k. See Identified losses and known causes shall be reported to the Board in writing following the time lines outlined in [Policy for Reporting Diversion of Controlled Substances](#)

REFERENCES:

- A. California Board of Pharmacy California Code of Rules and Regulations: 1715.65
- B. Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4008, 4037, 4080, 4081, 4101, 4104, 4105, 4110, 4113, 4180, 4181, 4182, 4186, 4190, 4191, 4192, and 4332, Business and Professions Code and 1261.6, Health and Safety Code.

APPROVALS:

~~Patient Care Policy and Evaluation Committee: 7/2023~~

~~Medical Executive Committee:~~

~~Joint Conference Committee:~~

Attachments

[Inpatient Pharmacy Reconciliation/Balance Sheet for All CII Products Report Template](#)

[Outpatient Pharmacy Reconciliation/Balance Sheet for All CII Products Report Template](#)

Approval Signatures

Step Description	Approver	Date
Joint Conference Committee	John Gioia: Board of	Pending

	Supervisor	
Medical Executive Committee	Sarah E. Mcneil [SP]	06/2026
Patient Care Policy and Evaluation Committee	Vijay K. Bhandari [AL]	06/2026
	Shideh Ataii: Director Of Pharmacy Svcs	05/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document



Origination 08/2006
 Last Approved N/A
 Effective Upon Approval
 Last Revised 06/2026
 Next Review 3 years after approval

Owner Shideh Ataii:
 Director Of Pharmacy Svcs
 Area Pharmacy
 Applicability CCRMC, Health Centers & Detention

Policy for Processing & Delivery of Outpatient Medications and Floor Stock Orders to Off-Site Locations

POLICY STATEMENT:

To establish a procedure to ensure timely processing of prescriptions &/or requisitions (L-3's) by Pharmacy for medications going to any alternate location; to establish a routine & standardized delivery schedule; to ensure appropriate storage of all medications during transport & storage; and appropriate documentation and consultation upon patient pick-up of prescriptions.

Outpatient prescriptions and L-3's for medications for any alternate location will be faxed to the Martinez Outpatient Pharmacy @ [370-5986925-370-5986](tel:370-5986925-370-5986). There will be a collaboration of the inpatient and outpatient pharmacy staff to ensure the timely and appropriate filling of all medication orders. Medications to be transported from the Martinez campus to outlying clinic locations will be appropriately packaged, transported, and secured while waiting for transport, during transport, and after transport. Medications may be transported by any agent authorized to do so by Pharmacy Administration. Authorized personnel include: Pharmacy staff members, contracted employees, licensed healthcare professional, or any person authorized by Pharmacy Administration. Documentation will be maintained for receipt and patient pick up of medications.

GUIDELINES:

All prescriptions and L-3's coming to Pharmacy for medications to be transported to any alternate location will be processed within 2 working days and delivered on the next scheduled delivery day for that location. All bags or boxes used to transport these medications will be sealed with tape.

Special consideration shall be given when it is necessary to transport hazardous drugs. Package integrity must be maintained to protect the item being transported, the individual transporting the product, and healthcare personnel receiving the product at the final destination. All hazardous medications are to be placed in a zip lock bag before packaging for transport. In addition, chemotherapy medications will have a "Chemotherapy – Dispose of Properly" sticker on them. When the chemotherapeutics are being transported, the dose must be placed in a red transport box and sealed with a pull-tight seal. The outside of the box will have a "Chemotherapy – Dispose of Properly" sticker on it.

Patient-specific medications will be bagged, along with patient consult information sheets; patient's name noted on outside, along with any special storage requirements & the patient consult/pick-up tag(s). Medications requiring refrigeration will have large, stickers placed on the bag(s). All bags going to each clinic are placed in large paper bags.

All orders to be bagged/boxed for delivery by the courier will have the following information noted on the outside of the container:

- A. Delivery location.
- B. Name of person to receive delivery. If unknown, put "Medication Nurse".
- C. Phone # of person to receive delivery, if known.
- D. Location within the building to which the item(s) should be delivered.
- E. Clearly *and boldly* state if medications need to be refrigerated or frozen.

Medications needing refrigeration will be bagged with an icepack with a disposable temperature indicator. Medications needing to be kept frozen will be placed in an insulated container, with an icepack and a disposable temperature indicator. ~~Am-Tran~~DCS will be contacted immediately to arrange for a special delivery.

A medication delivery tracking ~~document~~shipping label will be automatically generated through the DCS website and a copy must be ~~completely filled out and~~ attached to each and every container to be transported. At the time of delivery, the receiving individual will sign off on the ~~tracking document and the document will be returned to the Outpatient Pharmacy via FAX if the delivery was to any location other than CCRMC~~with the courier. Tracking and receipt of deliveries are recorded and stored on the DCS website.

Once medications arrive at their pick-up locations and are delivered to the appropriate person(s), they will be stored and secured appropriately. Receipt of patient-specific medications is logged on the Medication Log. When medications are picked up by patient/family, the patient consult/pick-up tags are filled out & signed by the patient. The tags are then stuck to the Medication Log.

~~RELATED LINKS:~~

[AM TRAN Delivery Pick Up Request sheet](#)

REFERENCES:

TJC Standard MM.01.01.01, MM.03.01.01, MM.05.01.11
CMS CoP § 482.23(c), 482.25(a)(b), 482.54(a)

APPROVALS:

~~Patient Care Policy and Evaluation Committee: 3/22~~

~~Medical Executive Committee:~~

~~Joint Conference Committee:~~

Attachments

 [Medication Log](#)

Approval Signatures

Step Description	Approver	Date
Patient Care Policy and Evaluation Committee	Vijay K. Bhandari	Pending
	Shideh Ataii: Director Of Pharmacy Svcs	06/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document



Origination 08/2014
 Last Approved N/A
 Effective Upon Approval
 Last Revised 03/2026
 Next Review 2 years after approval

Owner Michael De Peralta:
 Respiratory Care Services Mgr
 Area Respiratory
 Applicability CCRMC, Health Centers & Detention

Policy for Infant Nasal Bubble Continuous Positive Airway Pressure

POLICY STATEMENT:

The Respiratory Care Practitioner will deliver nasal bubble continuous positive airway pressure (CPAP) as ordered using hospital-approved equipment. The nasal bubble CPAP may be initiated in the delivery room, NICU, or emergency room. ~~Nasal~~The nasal bubble CPAP will be delivered via alternating between nasal prongs and nasal masks.

RELATED LINKS:

Procedure for Infant Nasal Bubble Continuous Positive Airway Pressure

REFERENCES:

- A. ~~Joanned~~ Nicks, ~~RRT~~J. (n.d.). CPAP, SiPAP, High Flow Nasal Cannula in Infants: Which Should You Choose, When, and Why? Michigan Society for Respiratory Care. CPAP, SiPAP, HIGH FLOW NASAL CANNULA IN INFANTS Retrieved from: WHICH SHOULD YOU CHOOSE, WHEN, AND WHY? [PowerPoint slides]. Retrieved from <http://www.michiganrc.org/sites/michiganrc.org/files/u9/Nicks%20-%20CPAP,%20SiPAP,%20High%20Flow%20in%20Infants.pdf> <http://www.michiganrc.org/sites/michiganrc.org/files/u9/Nicks%20-%20CPAP,%20SiPAP,%20High%20Flow%20in%20Infants.pdf>
- B. ~~University of Texas Medical Branch. (2012). UTMB RESPIRATORY CARE SERVICES.~~ Retrieved from http://www.utmb.edu/policies_and_procedures/Non-IHOP/Respiratory/07.03.33%20Senosormedics%20Infant%20Nasal%20CPAP%20System.pdf Johns Hopkins All

Children's Hospital. (2023).Guidelines for Non-Invasive Primary Respiratory Support for Premature Neonates <32 Weeks With Respiratory Distress Syndrome (RDS): Clinical Pathway. Updated January 11, 2023.

- C. National Heart, Lung, and Blood Institute. (n.d.).CPAP (Continuous Positive Airway Pressure). U.S. Department of Health and Human Services. (2011). NHLBI.gov. Retrieved from ~~http:~~ <https://www.nhlbi.nih.gov/health/health-topics/topics/cpap/>

Approval Signatures

Step Description	Approver	Date
Patient Care Policy & Evaluation Committee	Vijay K. Bhandari	Pending
Medical Director	Initha Elangovan: Exempt Med Stf Physician	04/2026
	Michael De Peralta: Respiratory Care Services Mgr	03/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document



Origination	11/2022	Owner	Michael De Peralta: Respiratory Care Services Mgr
Last Approved	N/A	Area	Respiratory
Effective	Upon Approval	Applicability	CCRMC, Health Centers & Detention
Last Revised	03/2026		
Next Review	2 years after approval		

Policy for Pediatric High Flow or High Velocity Therapy

POLICY STATEMENT:

Pediatric patients who present with the following conditions will be evaluated for High Flow Nasal Cannula (HFNC) or High Velocity Therapy (HVT): Increased Work of Breathing, Refractory Hypoxemia.

GUIDELINES:

To provide safe guidelines for the administration of High Flow Therapy (HFT) or High FlowVelocity therapy (HVT) Nasal Cannula (HFNC) in Pediatric Patients. High Flow Oxygenor High Velocity Therapy is used to deliver heated and humidified medical gas mixtures at flow rates that can exceed a patient's inspiratory flow rate. High Flow or High Velocity Therapy can provide a volume of gas that exceeds inhalation so that desired inspiratory gas fractions are maintained without the entrainment of room air. With higher flow or higher velocity rates than conventional nasal cannula, HFT or HVT provides additional benefits including:

- Washout of nasopharyngeal dead space resulting in improved carbon dioxide elimination.
- Reduced inspiratory resistance and improved inspiratory flow allowing reduced work of breathing.
- Improved pulmonary compliance due to humidified warmed gases.
- Reduced metabolic work associated with inspiration of humidified warmed gases.
- Increased resistance to exhalation contributing to positive alveolar distending pressure and lung recruitment.

F. Reduce the need for intubation.

RELATED LINKS:

Procedure for Pediatric High Flow ~~Oxygen~~ or High Velocity Therapy

REFERENCES:

- ~~A. Fisher and Paykel User Manual, Airvo 2~~
- ~~B. Franklin D, Babi F, Schlapbach L, Oakley E, Craig S, Neutze J, et al. A randomized trial of high-flow oxygen therapy in infants with bronchiolitis. N Engl J Med. 2018 Mar;378(12):1121–1131~~
- ~~C. Wing R, James C, Maranda LS, Armsby CC. Use of high flow nasal cannula support in the emergency department reduces the need for intubation in pediatric acute respiratory insufficiency. Pediatric Emerg Care. 2012 Nov;28(11):1117–1123~~
- A. Vapotherm. (n.d.). HVT 2.0 high velocity therapy: User guide. Vapotherm.
- B. Robinson, A., Winer, J. C., & Bettin, K. (2023). Decreasing inappropriate supplemental oxygen with high-flow nasal cannula for bronchiolitis. Hospital Pediatrics, 13(4), e87–e91. <https://doi.org/10.1542/hpeds.2022-006914>
- C. Robinson, A., Winer, J. C., & Bettin, K. (2023). Decreasing inappropriate supplemental oxygen with high-flow nasal cannula for bronchiolitis. Hospital Pediatrics, 13(4), e87–e91.

Approval Signatures

Step Description	Approver	Date
Patient Care Policy & Evaluation Committee	Vijay K. Bhandari	Pending
Medical Director	Initha Elangovan: Exempt Med Stf Physician	04/2026
	Michael De Peralta: Respiratory Care Services Mgr	03/2026

Applicability

CCRMC, Health Centers & Detention

Standards

No standards are associated with this document



CONTRA COSTA COUNTY

1025 ESCOBAR STREET
MARTINEZ, CA 94553

Staff Report

File #: 26-3166
5.D.1

Agenda Date: 7/15/2026

Agenda #:



cchealth.org

Administrative Update

**David Culberson, CEO
Contra Costa Regional Medical
Center and Clinics**

July 15, 2026

CCRMC Update July 2026

- Leadership Update
- Strategic and Operations Plan Development
- Seismic Project Update
- Additional Operations Updates

Contra Costa Regional Medical Center Leadership Update

- Welcome to Rafael Vaquerano, CCRMC, Chief Operating Officer
- Recruitment Currently Underway for two Directors of Ambulatory Care Nursing
- Welcome to Marissa Elliott, RN, Director of Ambulatory Operations (TU)
- Welcome to May Park, Ambulatory Care Administrator (TU)
- Welcome to Leah Carlon, Director of Safety and Performance Improvement (TU)

Strategic and Operations Planning

- Teams Currently Engaged to Address Current and Future Changes to CCRMC Due to HR1
- CC Health, CCRMC, and CC Health Plan Involved in Assessment and Planning Across the Integrated Delivery System
- Assistance Provided by Alvarez & Marsal, The Coker Group, Health Management Associates, Tosan Boyo
- Focus is on Revenue Opportunities and Expense Management
- Also Includes Plan for Basic Health Plan for Newly Uninsured
- Full Presentation to Board of Supervisors August 23, 2026

Seismic Project Update

- Seismic Compliance is Three Projects:
 - Replacement of Food Services Building
 - Bracing of Sprinkler Lines in Hospital and Lab Buildings
 - Creation of 72-Hour Storage for Potable Water and Wastewater
- Construction Contract Approved by Board of Supervisors on June 23, 2026, With Truebeck Construction at an Amount Not to Exceed \$105,113,697
- Demolition of Ward E Targeted to Begin September-October 2026
- Total Project Estimate \$173,000,000: Measure X Funding \$80,000,000, Balance From CCRMC Reserves

Additional Operations Update

- California Nurses Association (CNA) Labor Agreement Negotiations Continue
- CCRMC Is Working Through Procurement Challenges Following Medline Warehouse Fire in Tracy, California
- Daily Meetings to Identify Potential and Actual Supply Shortages, Alternatives to Medline, and Anticipated Delivery Dates
- Medline Expects New Warehouse to be Operational in Mid-July 2026

Additional Operations Update

- CCRMC Received Notice from Center for Medicare and Medicaid Services (CMS) About Non-Compliance With EMTALA Standards Following April 2026 On-Site Survey
- Not Compliant With Assessment of and Intervention to Resolve Complaints of Pain
- Plan of Correction Submitted to CMS July 2, 2026
- Corrective Actions Include:
 - Education About EMTALA Requirements, Including Importance of Documentation of Assessment, Interventions, Re-Assessment
 - Audit Requirements to Validate Staff Focus on Complaints of Pain

Additional Operations Update

- CCRMC Received Notice from California Department of Public Health (CDPH) Regarding an Unauthorized Disclosure/Breach of Protected Health Information (PHI)
- CDPH Also Cited CCRMC for Failure to Timely Report Unauthorized Disclosure
 - Numerous Incidents Occurred between November 2019 and April 2024
 - PHI Was Released to Minor Child's Biological Mother Even Though Custody Had Changed to Foster Parent
 - CCRMC Health Information Management Processes Have Been Updated to Review Foster Care Data Base Changes from Employment & Human Services Department
 - EPIC Electronic Health Record Flags Are Established Automatically For Patients With Change in Foster Parent Status



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Thank You



CONTRA COSTA COUNTY

1025 ESCOBAR STREET
MARTINEZ, CA 94553

Staff Report

File #: 26-3167
5.D.2

Agenda Date: 7/15/2026

Agenda #:

Consolidated CCRMC FY25/26 Forecast (\$ in '000s)



Based on Year to Date: May 2026



HEALTH							
	FY 2025	FY 2026	FY 2026	VARIANCE (FORECAST vs PY ACTUAL)		VARIANCE (FORECAST vs BUDGET)	
CC - Hospital	ACTUAL	FORECAST	BUDGET	(\$)	(%)	(\$)	(%)
Revenue							
Gross Revenue	\$ 863,007	\$ 879,640	\$ 777,004	\$ 16,632	2%	102,636	13%
Contractuals & Bad Debt	(469,079)	(479,836)	(368,148)	(10,757)	(2%)	(111,688)	30%
Net Revenue	393,928	399,804	408,855	1	5,876	1%	(9,051) (2%)
Contractual & Bad Debt %	(54%)	(55%)	(47%)				
Net Patient Revenue %	46%	45%	53%				
Supplemental Revenue	324,860	295,578	260,718	2	(29,282) (9%)	34,860	13%
Total Net Patient Revenue	718,789	695,382	669,574		(23,407) (3%)	25,808	4%
Governmental Support & Realignment Revenue	34,700	33,525	33,009		(1,175) (3%)	516	2%
Grants & Donations	7,050	4,821	4,860		(2,229) (32%)	(39)	(1%)
Charges to Gen Fund Units	59,669	60,098	59,775		429 1%	323	1%
Other Revenue	3,799	1,930	11,395		(1,869) (49%)	(9,465)	(83%)
Total Other Revenue	105,218	100,374	109,039		(4,844) (5%)	(8,666)	(8%)
Total Operating Revenue (ex Subsidies)	824,007	795,756	778,613		(28,251) (3%)	17,143	2%
Expenses							
Salaries, Wages, & Benefits	577,213	606,282	630,120	3	(29,069) (5%)	23,838	4%
Professional Fees & Purchased Services	129,101	140,025	112,266		(10,924) (8%)	(27,759)	(25%)
Supplies & Drugs	63,415	66,396	60,316		(2,982) (5%)	(6,080)	(10%)
Other Expenses	90,114	96,350	93,408	4	(6,236) (7%)	(2,942)	(3%)
Total Operating Expenses	859,843	909,054	896,110		(49,210) (6%)	(12,944)	(1%)
Expenses as a % of Operating Revenue	102%	114%	115%				
EBIDA	(35,837)	(113,298)	(117,497)		(77,461) (216%)	4,199	4%
EBIDA (%)	(2%)	(14%)	(15%)				
Subsidy (+)	124,779	119,000	119,000	5	(5,779) (5%)	-	-
Net Income (incl. Subsidy)	88,943	5,702	1,503		(83,240) (94%)	4,199	279%
Other (Income) / Expense Items							
Interest Expense	305	1,148	1,257		(843) (277%)	109	9%
Interest Income	(10,561)	(10,253)	(7,900)		(308) (3%)	2,352	30%
Capital Revenue	(16,179)	(32,248)	(39,248)		16,069 99%	(7,000)	(18%)
Loss On Disposal - Cap Assets	62	232	79		(170) 273%	(153)	193%
Depreciation Expense	11,797	11,964	167		(167) (1%)	(11,797)	(7,076%)
Adjusted Net Income	103,518	34,858	47,148		(68,660) (66%)	(12,290)	(26%)
Expenditure Transfers (-)	-	-	-		- -	-	-
Capital Expenditures (-)	363	32,248	39,248		(31,885) (8,781%)	-	-
Total Net Expenditures	\$ 103,155	\$ 2,610	\$ 7,900	\$	(100,544) (97%)	\$ (5,290)	(100%)

Key Variance Drivers

- 1 Increase in net patient revenue driven by higher psych and outpatient volumes and favorable rate increases
- 2 Decreased in Non-recurring supplemental revenue (\$29M) from 2025 mainly in Rate Range (\$15M) and GPP/EPP (\$18m), offset by increased in QIP \$2M and GME \$2M
- 3 Unfavorable salaries & benefits driven by market and merit adjustments
- 4 Increase in software and occupancy costs
- 5 Reduced Subsidy driven by an early payment of debt in 2025 (2015 A/B Bonds)



CONTRA COSTA COUNTY

1025 ESCOBAR STREET
MARTINEZ, CA 94553

Staff Report

File #: 26-3168
5.D.3

Agenda Date: 7/15/2026

Agenda #:



cchealth.org

Medical Staff Update

Sarah McNeil, MD
Medical Staff President
Contra Costa Regional Medical
Center and Clinics

July 15, 2026

Medical Staff updates

- Enrolling Patients for Contra Costa Health's (CCH) Basic Health Care Program
 - Content of the Basic Health Care Program
- Trainings: Preparing for Immigration and Customs Enforcement (ICE)



CONTRA COSTA COUNTY

1025 ESCOBAR STREET
MARTINEZ, CA 94553

Staff Report

File #: 26-3169
5.D.4

Agenda Date: 7/15/2026

Agenda #:



cchealth.org

Regulatory & Quality Program Updates

Shannon Abella, CQO

Contra Costa Regional Medical Center and Clinics

July 15, 2026

Regulatory Activity

- CDPH WCHC Vaccines for Children (VFC) site visit Postponed
 - Rescheduled for July 23rd, 2026
- CDPH EMTALA Survey (April 27th – 28th, 2026) letter received June 24th, 2026
 - Plan of correction submitted on July 2nd, 2026.
- Attestation Statement for Exclusion from PPS for Psychiatric Units, an annual requirement, was submitted to CDPH on June 26, 2026.
- Leapfrog submitted on June 30th, 2026

Regulatory Activity Cont.

- CMS/CDPH Complaint Validation Survey July 1st-3rd, 2026 for a PES elopement event on June 12th, 2026
- Six program flexibility requests related to the seismic construction project were submitted to CDPH on July 2nd, 2026.
- CDPH Tissue Bank Survey scheduled for July 27th, 2026

Quality Assessment and Performance Improvement

- 2026 Quality & Patient Safety Program Plan, with Appendices:
 - Appendix A: 2025 Quality Assessment & Performance Improvement (QAPI) Evaluation
 - Appendix B: 2026 QAPI Priority Projects (*next slides*)
 - Appendix C: 2026 Patient Safety & Performance Improvement Committee (PSPIC) reporting calendar

Appendix B: 2026 PI Priorities

Metric	Definition	Baseline Performance	2026 Target	Benchmark National/State
Readmission-READ 30 HF	Unplanned admission to an acute care hospital within 30 days of being discharged from an initial hospitalization for heart failure.	20.2% (Q3 2021- Q2 2024)	19.7%	19.7% (CMS)
Fall Reduction	Patient Fall reported via SERS. # of Events / Rate: Number of events divided by number of patient days times 1000	CY 2025 Count: 128	3-4 falls/1000 pt days	3-4 falls/1000 pt days (NDNQI)
Hospital Acquired Pressure Injury (HAPI- All	Hospital Acquired Pressure Ulcers reported via SERS. # of Events / Rate: Number of events divided by number of patient discharges times 1000	CY 2025 Count: 32	25% Reduction as compared to CY 2025 Count: 24	N/A
Sepsis- SEP-1 Bundle Compliance	A set of guidelines used to manage patients with severe sepsis or septic shock. The guidelines focus on early recognition and intervention to save lives and limbs. This is an "all-or-nothing" measure, meaning that hospitals must adhere to all elements of the bundle to receive credit. Follows CMS/TJC SEP 1 Definition	47% (Q1 2024 to Q4 2024) 54% (Jan-Oct 2025)	67.0%	67% (CMS)
Catheter-Associated Urinary Tract Infections (CAUTI)	Infection of the urinary tract caused by a tube (urinary catheter) placed to drain urine from the bladder. #: Number of infections that occurred; SIR: Standardized Infection Ratio compares the actual number of infections to the predicted number of infections. The predicted number is risk adjusted. Results less than 1 are desirable	0.514 (Q1 2024-Q4 2024) 3 cases noted for 2025 SIR 2.201	SIR < 1.0	SIR < 1.0 (NHSN)
SSI-COLO	Infection that occurs after a Colon surgery. Excludes superficial infections. Attributed to date of procedure. #: Number of infections that occurred attributed to month procedure performed; SIR: Standardized Infection Ratio compares the actual number of infections to the predicted number of infections. The predicted number is risk adjusted. Results less than 1 are desirable	2 Cases noted for 2025 SIR 1.7.15	SIR < 1.0	SIR < 1.0 (NHSN)
Chorioamnionitis Among Maternal Cases	Mothers with Chorioamnionitis or whose newborns were affected by chorioamnionitis (among all mothers). Data Source: Discharge data (ICD-9/-10 codes) submitted by hospital to CMQCC Maternal Data Center linked to Birth Certificate data.	10.0% (2024)	5.1%	5.1% (CMQCC)
Well Child Visit	The percentage of persons who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported: 1. Well-Child Visits in the First 15 Months. Persons who turned 15 months old during the measurement period: Six or more well-child visits and 2. Well-Child Visits for Age 15 Months–30 Months. Persons who turned 30 months old during the measurement period: Two or more well-child visits	58.19	58.97%	67.63% (DHCS)



**Contra Costa Regional Medical Center
and
Health Centers
Quality and Patient Safety Program Description
Annual Plan and Description
2026**

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Section 1 – Quality and Patient Safety Program Overview

Purpose

The purpose of this plan is to provide the mechanism for improving hospital quality and safety and to ensure that Contra Costa Regional Medical Center and Health Center's Board of Supervisors' Joint Conference Committee (JCC), senior leaders, medical staff, and hospital staff demonstrate a consistent and collaborative approach to deliver safe, effective, efficient, equitable, patient centered, and timely care within a quality assurance and performance improvement (QAPI) framework. The activities in this plan are essential to achieving the strategic plan Contra Costa Regional Medical Center and Health Centers. This plan informs the improvement processes for patient outcomes, reducing and preventing medical errors, and applying remediation strategies in response to system or process failures.

The hospital allocates appropriate staff resources to develop and maintain the Quality and Patient Safety Program. The Professional Staff and Hospital operations managers are allocated time, office space, analytical services, and support staff to perform specialized quality roles, which includes participation in process improvement.

The foundational elements of all quality and patient safety initiatives and activities provide a framework that also supports quality improvement processes are:

- An understanding of systems thinking, High Reliability Organizations (HRO), human error and human factors.
- The creation and maintenance of a culture in which reporting takes place in a "Just Culture".
- Proactive and prioritized performance improvements to prevent failure, mitigate hazards, and improve systems and process reliability.
- A model and methodology for improvement that applies PDSA testing, learning and implementation of changes consistent with lean six sigma practices.
- Seeking input from and collaborating with patients and families.
- Assuring compliance with all state and national regulatory, accreditation, and certification standards supporting quality and patient safety.
- Ongoing identification, sharing, and appropriate implementation of successful practices from other parts of the organization, other healthcare organizations, and organizations outside of healthcare.

Mission and Vision

At the core of everything we do is delivering health, which means providing access to affordable, convenient, and high-quality care—while removing the barriers to embracing healthier behaviors. Contra Costa Health makes good health more attainable for all residents and we maintain a strong focus on equity and eliminating health disparities in our communities. Our mission is to care for and improve the health of all people in Contra Costa County with special attention to those who are most vulnerable to health problems.

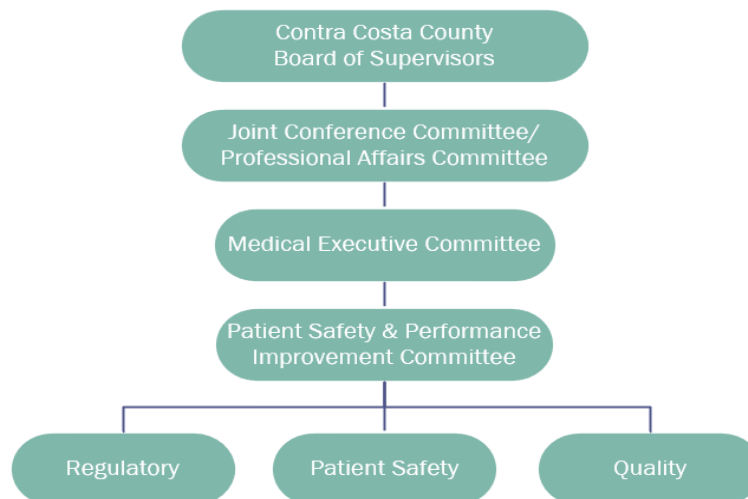
Program Oversight, Authority, and Hospital Governance Structure

The objective of the Quality and Patient Safety Program is to provide a leadership driven framework and organizational structure to achieve the mission and strategic goals of the organization. The Quality and Patient Safety Program structure and oversight ensures that consistent and systematic efforts are maintained to continually measure, assess, and improve processes and outcomes related to services provided.

AUTHORITY AND STRUCTURE

Contra Costa Regional Medical Center and Health Centers (CCRMC&HCs), a division of Contra Costa Health Services (CCHS), is a full-service hospital with 167 licensed beds (124 acute care beds and 43 inpatient psychiatry beds), a 28-bed emergency department, and 14-bed Psychiatric Emergency Department. CCRMC&HC provides outpatient services in 10 community clinics, three prenatal clinics, one respite-based clinic, and mobile clinics. Services provided include school-based health services, healthcare for the homeless, outreach and other public health services. CCRMC &HCs hospital are licensed by the state of California, certified by CMS, and accredited by The Joint Commission. The Board of Supervisors, the governing body, through its Joint Conference Committee (JCC), oversees hospital and Health Center's Quality and Patient Safety Program ("Program"). The JCC assures each hospital's executive and Professional Staff leadership develops the hospital's program consistent with the hospital's mission, vision, and values. The hospital leadership is accountable to the JCC to assure the planning and implementation, including establishing priorities for the Quality and Patient Safety Program with respect to the delivery of existing services and the implementation of new hospital services.

Communications between the hospital and health centers and JCC are bi-directional. Data and reports reach JCC through various mechanisms. The Medical Executive Committee is the authorized body to manage and monitor the quality and safety of clinical care. The Patient safety and Performance Improvement Committee (PSPIC) and executive PSPIC serve as the subcommittees overseeing quality and patient safety performance in operations.



Hospital Leadership:

The hospital leadership team focuses its efforts on hospital operations and strategic priorities. The Hospital is managed by the Chief Executive Officer who serves as the hospital administrator. In collaboration with the Medical Staff President, Leadership is responsible for providing a framework for the delivery of quality care and services provided by the hospital based on the hospital's mission, Board of Supervisors' JCC initiatives, and hospital identified opportunities for improvement. Leadership is also responsible for developing and implementing an effective planning process that allows for defining timely and clear goals.

The hospital administrator and the Medical Staff President collaborate with the Chief Quality Officer on planning and implementing the Quality and Patient Safety Program.

Leadership is responsible for:

- Ensuring collaboration with community leaders and organizations to design services to be provided by the hospital that are appropriate to the scope and level of care required by the population served;
- Ensuring communication of the organization's mission, vision, values, goals, objectives and strategies across the facility;
- Utilizing situational leadership behaviors to provide appropriate direction and management for all services and/or departments;
- Ensuring uniform delivery of patient care services provided throughout the hospital;
- Ensuring that systems are in place to promote the integration of services, and to support the patient beyond the hospital walls;
- Appointing committees, work groups, performance improvement teams and other forums to ensure multidisciplinary and interdepartmental collaboration on issues of mutual concern;
- Establishing structures and processes that focus on safety and quality, improving the health care safety of patients, and reducing preventable adverse patient events;
- Implementing changes in existing processes to improve the quality of the care provided;
- Establishing quality of care and patient safety metrics, which can be monitored through the hospital's plan;
- Establishing a learning environment where employee development and continuing education opportunities serve to promote retention of staff and to foster excellence in the delivery of care and support services;
- Providing ongoing quality, performance improvement and patient safety training for physicians, nurses and hospital staff;
- Promoting a "Just Culture" that recognizes human beings make mistakes, supports reporting, advocates fair treatment, and has intolerance for reckless behavior;
- Ensuring that staffing resources are available, trained, and competent to appropriately meet the needs of the patients served;
- Ensuring the Medical Executive Committee submits reports to the Board of Supervisors' JCC regularly and as requested; and
- Providing routine reporting and special reports as requested to the Board of Supervisors' JCC.

Joint Conference Committee (JCC)

JCC has oversight and responsibility for CCRMC&HCs' quality, patient safety and performance improvement activities. JCC reviews and approves the annual Patient Safety & Performance Improvement program plan, priority quality and patient safety projects and reports from the Patient Safety & Performance Improvement Committee and Medical Executive Committee.

JCC's is responsible for:

- Ensuring standards of care are met.
- Oversight of performance improvement activities to ensure program effectiveness.
- Providing feedback and recommendations for improvement action plans, when needed.
- Ensuring the same level of care is provided throughout the Hospital for equivalent patient conditions.

The **Professional Affairs Committee (PAC)** is responsible for monitoring Medical Staff quality issues and ongoing improvement activities, including:

- 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;
- Considering matters concerning staff privileges; and
- Reviewing adverse event reports and related Performance Improvement activities of the Hospital and Medical Staff
- Monitoring performance over time for key quality and patient safety performance improvement initiatives

Medical Executive Committee (MEC)

The Medical Executive Committee is responsible to ensure the proper functioning of all departments, committees, and other activities of the Professional Staff and to monitor the effectiveness of Professional Staff activities. The MEC has oversight of the quality of care and patient safety provided to patients and their families. The MEC is responsible for the organization of the performance improvement and patient safety activities of the Professional Staff as well as the mechanisms used to conduct, evaluate, and revise such activities.

The MEC is responsible for Medical Staff (MS) quality. Results from Peer Review, conducted with MEC approved Clinical Indicators, are incorporated into Ongoing Professional Practice Evaluations (OPPE), and may be the basis for Focused Professional Practice Evaluations (FPPE). These processes (OPPE/FPPE) are described in the MS Bylaws and Rules and Regulations. MS Department Heads review the performance of its members, in accordance with the Medical Staff Bylaws and Rules and Regulations, and report annually to MEC.

The MEC oversees contracted services and receives reports from PSPIC on performance improvement metrics at CCRMC&HCs.

The Patient Safety and Performance Improvement Committee (PSPIC)

PSPIC is authorized by, and accountable to, the Board. PSPIC serves as the committee to implement, monitor, and enhance operational systems to ensure quality improvement, performance improvement and patient safety for the hospital. Lean six sigma methods and other key tools are utilized to organize efforts that improve the quality of health care delivered and the processes that support quality care.

The committees facilitate the preparation of reports related to the hospital's quality assurance, performance improvement, and patient safety activities to be submitted to the Board of Supervisors' JCC through the Medical Executive Committee on an ongoing basis and as requested.

Executive Session of PSPIC (Exec PSPIC)

The Executive PSPIC strives to reduce risk, improve patient safety and quality outcomes in the delivery of health services across all settings of care. These two committees work in tandem to monitor the effectiveness of the corrective actions taken in response to an adverse or sentinel event to ensure that the risk reduction strategies achieve the expected results. Executive PSPIC supports the process for ongoing patient safety improvement for physicians, nurses, and hospital staff. The Executive PIC Committee shall submit reports related to patient safety to the Medical Executive Committee regularly and as requested.

Other committees: Other Professional Staff Committees, departmental committees, and specifically focused committees and work groups have been given, by leadership, the responsibility to develop, implement, and monitor performance effectiveness for the services and processes within their scope. These committees and work groups report up through the quality structure.

Section 2 – Performance Improvement

Performance Measure Overview

Performance measures are based on the strategic objectives each year. Process, outcome, and balancing measures* are selected to reflect important aspects of care at the hospital, department and unit level and align with the organizational program goals for hospitals. The Board of Supervisors' JCC has also set an expectation that this hospital will plan for and implement processes needed to meet these outcome measures.

Priority measures reflect the diversity of services offered by CCMRC, include externally reported measures such as CMS core measures and NHSN and registry metrics for improvement as part of program accreditation. A list of 2026 measures is attached in appendix B.

The Board of Supervisors' JCC has set an expectation that the hospital administrator in partnership with the Medical Staff President will identify, prioritize, and remedy quality and safe patient care issues as they occur, consistent with the parameters of the quality plan. This is accomplished in part through the collaboration of the hospital administration and the hospital Medical Executive Committee. Hospital leadership shall report these issues and their remediation on an annual basis in the hospital's annual quality and patient safety evaluation.

*Process measures are the specific steps taken to improve outcomes.

Outcome measures are high level metrics that reflect the overall care provided.

Balancing measures are metrics to ensure an improvement in one area isn't negatively impacting another area.

Patient Safety

To permeate responsibility and mutual accountability for patient safety throughout our organization, Contra Costa Regional Medical Center and Health Centers will continue to implement activities broadly aimed at becoming a highly reliable organization by achieving the following six strategic themes.

Core Theme	Description
Safe Care	Ensure the actual and potential hazards associated with high-risk procedures, processes, and patient care populations are identified, assessed, and controlled in a way that demonstrates continuous improvement and moves the organization toward high reliability and the ultimate objective of ensuring our patients are free from unnecessary harm.
Safe Culture	Create and maintain a strong, unified patient safety culture with patient safety and error reduction embraced as shared organizational values and acknowledged pre-requisites of "quality you can trust."
Safe Staff	Ensure staff possesses the knowledge and competence to safely perform required duties, improve system safety performance, and reduce workplace injuries. Develop new knowledge and provide ongoing education on patient and workplace safety for individuals and teams throughout the organization.
Safe Patients	Engage the patient and their family, as appropriate, as a partner in safety and in reducing medical errors improving system safety performance, and actively participating in their own safe care. Strive for collaborative relationships with patients/members/families in all aspects of the organization.
Safe Place	Design, construct, operate, and maintain a safe environment of care as well as evaluate, purchase, and utilize equipment and products in a way that promotes the efficiency and effectiveness with which safe healthcare is provided.
Safe Systems	Identify, implement, and maintain support systems that provide the right information, to the right people, at the right time. This includes knowledge sharing networks, responsible reporting, and meaningful measures of risk and safety.

CCRMC's risk manager identifies patient safety priorities annually based on these dimensions of safety. Risk and Patient Safety priorities are assessed utilizing the risk matrix based on severity and frequency with rating ranging from very high to very low. Priority initiatives are included in overall quality and patient safety priority initiatives.

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

Annual Quality and Patient Safety Program Evaluation

Annually, responsible hospital and Professional Staff leaders evaluate each component of the Quality and Patient Safety Program, evaluate performance against targets and develop work plans for the ensuing year. The evaluation specifically:

- Evaluates the effectiveness of activities and actions taken in the previous year;
- Draws conclusions from those activities and actions.
- Performs an analysis of the barriers; and
- Identifies priorities for improvement based upon evaluation and other data available.

Hospital leadership shall report outcomes of the program on an annual basis to the Board of Supervisors' JCC.

See Appendices for reference:

- Appendix A CCRMC and HC 2025 QAPI Annual Eval and Strategy Plan
- Appendix B CCRMC and HC 2026 PI Priorities
- Appendix C 2026 PSPIC Reporting Calendar

Contract Evaluation and Oversight

At least annually the hospital assesses the quality performance of the agencies, organizations, and individuals with which it contracts for the provision of care, treatment, and services provided to the hospital's patients. The Medical Executive Committee annually reviews the hospital's clinical contracts based on quality and performance data.

The leaders will select the best methods to oversee the quality and safety of services provided through contractual agreement. Examples of sources of information that may be used for evaluating contracted services include the following:

- Review of information about the contractor's nationally recognized accreditation or certification status;
- Review of information about the contractor's licensing or certification status;
- Direct observation of the provision of care;
- Audit of documentation, including medical records;
- Review of incident reports;
- Review of periodic reports submitted by the agencies, organizations or individual providing services under contractual agreement;
- Collection of data that address the efficacy of the contracted service;
- Review of performance reports based on indicators required in the contractual agreement;
- Input from staff and patients;
- Review of patient satisfaction studies;
- Review of results of risk management activities.

The individual assigned responsibility for each contract is accountable to review the contract expectations and establish appropriate quality and operational indicators and monitoring frequencies, and to report performance through the established quality structure. If contracted services do not meet expectations, leaders take steps to improve care, treatment, and services.

Section 3 Credentialing and Peer Review

The Hospital's Quality and Patient Safety Program includes the methods for assessing and continuously improving the care delivered to hospital patients through the review of practitioner performance. Credentialing, privileging, and peer review are considered integral to the development and implementation of quality improvement, patient safety, resource utilization and risk management strategies.

The Medical Executive Committee of the Professional Staff reviews and recommends practitioners seeking privileges and acts on results of focused practitioner performance evaluation (FPPE) and ongoing practitioner's performance evaluation (OPPE), and trends identified by peer review.

Credentialing and Privileges

Credentialing and privileging activities are conducted in accordance with written policies and procedures for credentialing, re-credentialing, privileging, appointment, reappointment, proctoring, and ongoing practitioner performance evaluation (OPPE). Recommendations for Professional Staff membership and/or clinical privileges are made by the Medical Executive Committee whose recommendations are further submitted to the Board of Supervisors' JCC for final approval consistent with the process delineated in the Professional Staff Bylaws.

The processes for renewal of clinical privileges and/or reappointment to the Professional Staff incorporate data from quality of care, professional conduct, quality assessment, peer review, professional liability experience, resource utilization, patient satisfaction, patient complaints, and the six general competencies (patient care, medical knowledge, practice-based learning and improvement, interpersonal communication skills, professionalism, and systems-based practice). A separate confidential quality file is maintained for each practitioner. Credentials and quality files are available to individual practitioners, chiefs of service, peer reviewers, and the Medical Executive Committee at each step of the credentials and privilege processes.

Peer Review

Peer Review is an ethical and legal cornerstone of the medical profession and the process by which a practitioner's clinical performance is examined and critiqued by one or more individuals who have comparable professional education, training, knowledge, and experience. Peer review is conducted in accordance with written policies and procedures which are approved by the Medical Executive Committee on behalf of the Professional Staff. All medical staff departments participate in the Hospital's quality program that includes peer review.

The objective of the Peer/AHP Review Program is to:

- Assess and improve the care provided to patients;
- Determine if standards of care are met; evaluate and improve individual performance;
- Determine education and training needs to improve skills and outcomes;
- Establish consistent, comparable, and actionable, information reflecting the practice of peer review monitoring activities;
- Demonstrate trends, opportunities for improvement, and actions taken to improve the quality and safety of care provided to patients;

- Identify and prioritize areas for systems improvement;
- Monitor trends through aggregate data; and
- Promote a “Just Culture”, in which practitioners and the organization learn from unanticipated outcomes.

The primary information used to identify issues requiring peer review include sentinel and other serious adverse events (actual or close call), department-specific monitoring, electronic monitoring of complication reports, mortality reports, infection control data, risk and utilization management data, contract management, customer service (patient concerns), and regulatory findings. Supplemental focused reviews are conducted as necessary to provide greater detail and empirical support regarding a particular area of practice and practitioner performance. Focused reviews may lead to the development or refinement of standards of practice or processes that can be used to improve clinical performance and as well to evaluate clinical competence.

Chairs of departments, based on peer review findings may recommend activities to improve performance that include but are not limited to:

- Education programs including patient safety education and/or strategies,
- Focused Professional Practice Evaluation (FPPE),
- Additional training and/or monitoring,
- Interdepartmental collaboration,
- New protocols/guidelines or modification of existing protocols,
- Modification of measures for review,
- Acquisition and use of new equipment/technology,
- Individual counseling of a practitioner,
- Additional data collection and trending,
- Performance improvement plans for individual providers.

Peer review data and information is considered by the Medical Executive Committee in carrying out the functions of credentialing and privileging and in the assessment of the competency of the Professional Staff.

Section 4 Confidentiality

All Quality and Patient Safety Program data, committee minutes, reports, recommendations, memoranda, and documented actions created under the auspices of the hospital’s Quality and Patient Safety Program and its peer review processes are considered quality and patient safety work-products/documents and, therefore, subject to the protection of laws governing the confidentiality of peer review and/or quality assurance information. These documents are maintained in accordance with applicable confidentiality policies and procedures.

CCRMC QAPI 2025 Annual Evaluation						
Area	Quality and Pt Safety PI Priorities	2025 Targets	2025 Performance	2025 Outcome/Evaluation	2026 Target	Strategy Summary
Hospital	Mortality (data only is Observed deaths not O: E)	0	47	No identified opportunities for improvement for CY2025.	N/A	The measure will be removed from the PI priority list, while continuing in-depth reviews of all mortality cases to identify improvement opportunities and ongoing event tracking and trending.
	Fall reduction	Count 80	Count: 128	Target not met. CY2025 saw an increase in falls 128 vs CY2024 94. Identified challenges with psychiatric high-risk and assaultive patients, compliance with consistent rounding, and mobility and post-fall documentation.		Continuing for 2026 pivot to tracking of all falls, measurement based on falls per 1,000 patient days. Continued sustained focus on frequent Purposeful Rounding using 5Ps; implementation of a substance-related falls prevention plan; modification of AM/PM activities and shower schedules for high-risk patients; routine bed alarm checks with an emphasis on early mobility; completion of pharmacy-led post-fall medication reviews and thorough post-fall documentation.
	HAPI PSI 03	Count: 0	Count: 0	Target met for CY2025. There were no reportable HAPIs noted for 2025. Pivot 2026 to all HAPIs CY2025 count 32. 2025 noted skin breakdowns related to lengthy surgical procedures	25% Reduction as compared to CY 2025 Count: 24	Continue the journey to zero harm for 2026. Focus pivot to all HAPIs. Improvement efforts include wound documentation,

			and missed opportunities to identify community acquired cases.		surveillance, timely provider notification, 6-eyes assessment compliance, OR pressure injury prevention devices, and Optiview used to assess skin integrity without disrupting dressings. CY2025 Total HAPIs 32 (CCU – 6, IMCU – 8, 4A – 0, 4B – 12, 5D – 4, OR – 2)
Sepsis bundle compliance: ED triage time to serum lactate results 1-hr ED triage start time to Abx administration within 3 hrs.	LA 95% Abx 85%	LA 91% Abx 82%	Target not met for both measures. There was an increase in compliance for both lactic acid (LA) CY2025 91% vs CY2024 84% and antibiotic (Abx) administration CY2025 82% vs CY 2024 28%. Many interventions were implemented in 2025: - January 2025 In-patient Sepsis Order Set updated in addition to a new In-patient Sepsis Provider Note (SEPSISDOC) - May 2025 iSTAT started in ED for Lactic Acid (LA) result-by June 2025, iSTAT LA result decreased by an average of 14 minutes - BPA for concurrent monitoring went live on 9.10.25. September 2025 focus pivoted to SEP1 bundle compliance-baseline 47 (2024) %.	SEP 1- Bundle Compliance 67%	September 2025 focus pivoted to SEP1 bundle compliance- baseline Q1 2024 to Q4 2024 - 47%. 54% (Jan-Oct 2025) SEP-1 bundle measure is now pay-for-performance under the CMS Hospital Value Based Purchasing Program (VBP) impacting Medicare payments starting January 2026.

ICU	Decrease the code blue outside of the critical care unit (except ED)	25% reduction from 2024.	Count: 4	CY2025 saw continued favorable trend of increased RRT and decreased Code Blues.	N/A	The measure will be removed from the PI priority list for 2026, while continuing deep-dives for improvement opportunities. Continued improvement strategies include discussing advanced directives with patients and family, RRT rounds on all admits within 24 hrs. to evaluate appropriateness of unit placement, proactively identify patients at risk of deteriorating, allowing for appropriate and timely intervention.
ED	LWBS	<=4.0%	3.2%	Target met for CY2025. Multiple factors related to LWBS – including inpatient bed availability, number of ED arrivals, patient acuity, as well as physician and nursing staffing. The Nurse Program Manager has worked on reducing time in triage, including evaluating workflow and documentation requirements. Physician staffing is also an ongoing effort that impacts this measure.	N/A	This measure will be removed from the 2026 PI Priority list, while ongoing surveillance activities will continue to identify improvement opportunities
	QIP FUM qualified denominator	65%	81.3%	Target met. Measure retired for CY2025.	N/A	Percent of ED visits sent to PES or YSU with a Primary Dx in one of the two value sets in the FUM HEDIS Measure Specification. Follow-ups, tips, information shared with physicians.

						Report and chart audits are used to score each ED visit; results are updated weekly and shared frequently with stakeholders. This measure will be removed from the 2026 PI Priority list, sustainable processes in place. Continue to track and trend through QIP improvement work.
Psychiatry	Inpatient Psych Fall Rate per 1,000 IP Psych days	<= 1.9 Falls per 1,000 IP Days.	2.98	Target not met CY2025. Deep dives to identify improvement opportunities. Continued focus on frequent Purposeful Rounding using the 5Ps, trialing of shower socks, fall champion, implementation of substance-related falls prevention plan; modification of AM/PM activities and shower schedules for high-risk patients; completion of pharmacy-led post-fall medication reviews.	N/A	This measure will be removed from the 2026 PI Priority list. Organizational focus on all falls will be tracked and trended. Continue to monitor, review, and report risk events related to falls in PES and on inpatient psychiatry units.
	% of PES visits w/ LOS 24+ hrs.	<= 25%	26.8%	Target not met for CY2025. Barriers included wait times for IP bed, SUD clearance time r/t disposition, special placement needs. AB-2242 Behavioral Health Care Coordination Plan was implemented Feb 2025 which likely led to longer stays for patients who arrived on a 5150 legal hold and are discharged after no longer meeting hold criteria.	N/A	This measure will be removed from the 2026 PI Priority list. Will continue to track and trend since the implementation of AB-2242 likely play a role with increase LOS.

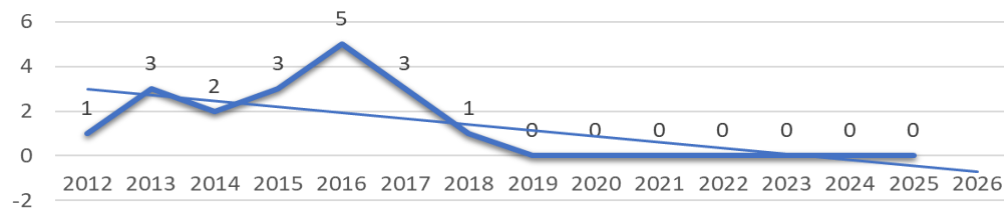
Perinatal	Eclampsia & Pre-eclampsia w/severe features reduction	6%	6.8%	Target not met for CY2025, though measurable improvement seen in 2025 6.8% vs 2024 8.5%. Continued improvement focus: Management severe range BP, documentation and coding exploration/review.	N/A	This measure will be removed from the 2026 PI Priority list. Organizational focus shifted to other perinatal opportunities. Continue to track and trend for improvement opportunities.
	Postpartum Hemorrhage reduction (without transfusion)	6%	12.4%	Target not met for CY2025; notable progress was made with a rate of 12.4% 2025 vs 2024 13.2%. Continued efforts with early implementation of interventions: Jada device, identifying patients at higher risk for hemorrhage, reassess QBL throughout immediate postpartum period and EMR update to depict risk status throughout perinatal experience.	N/A	This measure will be removed from the 2026 PI Priority list. Organizational focus shifted to other perinatal opportunities. Continue to track and trend for improvement opportunities.
	Primary C-section rate for Black delivering patients	22%	23.3%	Target not met for CY2025 however performance improved with a rate of 23.3% in 2025 vs 30% in 2024. Continued collaboration efforts with CMQCC learning, lap forms completed for each NTSV candidate, Inservice DFAM r/t outpatient interventions and resources available.	N/A	This measure will be removed from the 2026 PI Priority list. Organizational focus shifted to other perinatal opportunities. Continue to track and trend for improvement opportunities.
Peri-Op	SSI reduction abdominal surgery (colorectal, small bowel, abdominal hysterectomies)	<=1 or SIR <= 1.0	2 COLO, 0 SB, 1 HYST	No SB SSI in past 5 years (2022-2025). Target not met for COLO or HYST in CY2025. COLO has had 2 SSIs each year (SIRS >1.0) since 2018, except 3 in 2021.	SSI COLO SIR < 1.0	SSI-SB, SSI-HYST will be removed from the 2026 PI Priority list. Continue to track and trend for improvement opportunities. SSI COLO SIR 1.71 (2025) continued focus for 2026, continue to

				HYST SSI were zero from 2019-2022, with 1 in 2023 and 2 in 2024 and 1 in 2025. Continued focus on ERAS promotion, re-enforce information regarding NHSN definitions and documentation requirements, SPD monitoring, EVS monitoring room turn-over, better blood sugar monitoring for all patients (pre-op, intra-op and post-op) and appropriateness of Pre-Op antibiotics.		promote ERAS , continue to work with Quality and OR leadership, re-enforce information regarding NHSN definitions and documentation requirements, SPD monitoring, EVS monitoring room turn-over, better blood sugar monitoring for all patients (pre-op, intra-op and post-op), appropriateness of Pre-Op antibiotics.
	PSI 12 DVT/PE (Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate)	3.18/1000/DC	0.015	Target met for CY2025. No identified opportunities for improvement for CY2025.	N/A	This measure will be removed from the 2026 PI Priority list. Continue to track and trend for improvement opportunities.
Ambulatory	Access: third next available Primary Care (adult, peds, family medicine)	< 14 Days [Median]	16.8, 6.6, 23.7	Target not met for CY2025. Barriers include population increased with decreased number of PCPs over time.	N/A	This measure will be removed from 2026 PI Priorities list. Continue to track and trend through improvement work, focusing on increased hiring of PCPs, increase Telehealth visits and decreasing cancelled clinics.

Hospital Acquired Infections (HAIs)

CLABSI

CLABSI 2012 TO 2025



0 CLABSI since 2019

Success is attributed to the following:

- Use of alternatives to central lines – mid lines etc
- The use of Chlorhexidine wipes for bathing
- Chlorhexidine impregnated dressing
- Quarterly classes for staff
- Weekly monitoring of patients with lines

CAUTI

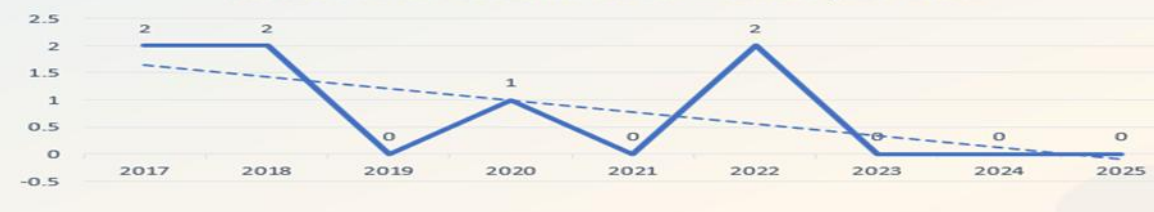
Total Inpatient CAUTI 2015-2025



3 Cases in 2025, increase from previous year. SIR 2.201 is higher than NHSN predicted (1.8). Continued focus for 2026: Redesign the education – walking in-service, tip sheets, staff meetings etc., daily bathing with emphasis on perineal care, Chlorhexidine bathing for patients with indwelling catheters in place for >3days (start day 4), maintaining patient hydration, Flex Seal for patients with diarrhea, partnership with TCAB-ask managers to appoint a champion, physician collaboration on strategies for patients with urinary retention, invite IC educator to staff meetings on the units and Improve data feedback.

MRSA

MRSA Total Counts 2017 – 2025 per CMS

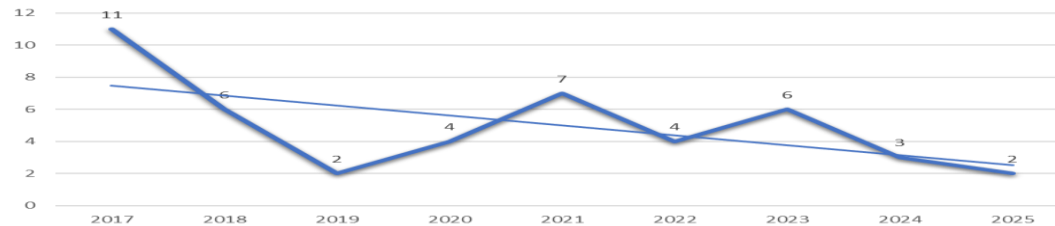


Fifteen Lab ID bacteremia's in 10 patients were reported: 12 were considered community acquired, 3 hospital classified hospital acquired however, review noted all had evidence of MRSA positive cultures at time of admission.

- CMS data shows no Positive MRSA- less than NHSN predicted of 1.54

C-DIFF

C Dificile Hospital Onset

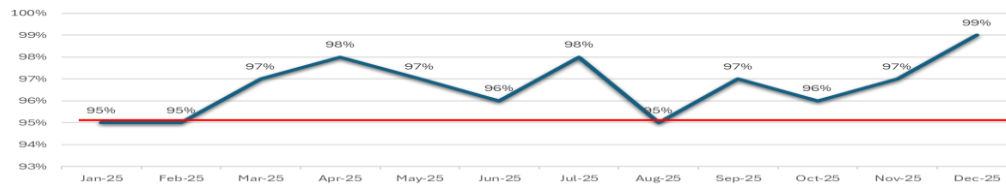


In 2025 a total of 22 positive patients were reported to NHSN: 13 were considered community onset, 5 were considered health care facility associated and 4 were considered hospital onset.

- 2 of these were reported from inpatient psychiatry and exclude from SIR calculation and CMS published data

Hand Hygiene

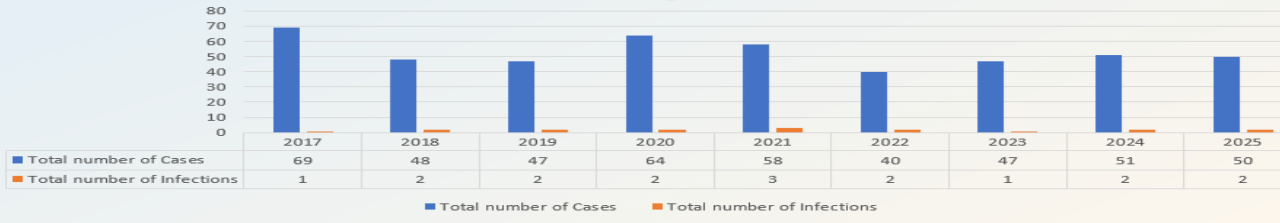
Hand Hygiene 2025 Monthly Total



Overall hand hygiene compliance 97% for CY 2025. Opportunities identified with the following occupations: Respiratory Therapists, Dietician, Diagnostic Imaging and Social Services.

SSI

Colon Surgical Site Infections 2017 to 2025



Total Infections by type: Superficial 8 infections, Intraabdominal abscess 3 (Only 2 appear in our CMS reported data, 1 was excluded as present on admission).

Strategy Summary

CLABSI- 0 CLABSI since 2019. Success is attributed to the following: Use of alternatives to central lines – mid lines etc, use of Chlorhexidine wipes for bathing, Chlorhexidine impregnated dressing, quarterly classes for staff and weekly monitoring of patients with lines

CAUTI- 3 Cases in 2025, increase from previous year. SIR 2.201 is higher than NHSN predicted (1.8). Identified as PI Priority for 2026

MRSA- CMS data shows no positive MRSA for 2025-less than NHSN predicted of 1.54

CDIFF- 22 Cases reported to NHSN for 2025, 4 considered hospital onset (2/4 exclude from SIR attributed to inpatient Psych)

SSI- 2 total SSIs noted for 2025. SSI- COLO identified as PI Priority for 2026

External Reporting Measures

Inpatient (9)	Outpatient (4)	Psychiatric (8)
<u>Above Target (4)</u> - Safe Use of Opioids – Concurrent Prescribing - VTE1 – Venus Thromboembolism Prophylaxis - VTE 2- ICU Venus Thromboembolism Prophylaxis - HH-ORAE –Hospital Harm- Opioid Related Adverse Events <u>Below Target (1)</u> - SEP1 – Severe Sepsis and Septic Shock <u>CMS Data Not Available (4)</u> - PC2 – Cesarean Birth - PC7a- Severe Obstetric Complications (All) - PC7b- Severe Obstetric Complications (excluding blood transfusions- only) - PCB6 – Unexpected Complications in Term Newborns	<u>Above Target (1)</u> - OPWeb29 - Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients (Q1-Q4 2023) <u>Below Target (2)</u> - OP18 b - Median Time from ED Arrival to ED Departure for Discharged ED Patients - OP22 – ED – Left Without Being Seen (Q1-Q4 2023) <u>No Target (1)</u> - OP23 - Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke (too few to report)	<u>Above Target (6)</u> - IMM2 – Influenza Immunization - SMD1 – Screening For Metabolic Disorders - SUB3 – Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge - TR1 – Transition Record with Specified Elements Received by Discharged Patients - SUB2 – Alcohol Use Brief Intervention Provided or Offered - TOB3 Tobacco Use Treatment Provided or Offered at Discharge <u>Below Target (2)</u> - HBIPS2 – Physical Restraint - HBIPS3 – Seclusion

CMS Data Not Available = Data suppressed by CMS for one or more quarters

Inpatient	Outpatient	Psychiatric
Opportunities for Improvement: - SEP1 – Severe Sepsis and Septic Shock Barriers Timely serum lactate and antibiotic administration were identified as opportunities for bundle compliance Tactics to Close Gap Many interventions were implemented in 2025 : - January 2025 In-patient Sepsis Order Set updated in addition to a new In-patient Sepsis Provider Note (SEPSISDOC) - May 2025 <u>iSTAT</u> started in ED for Lactic Acid (LA) result - By June 2025, <u>iSTAT</u> LA result decreased by an average of 14 minutes - BPA for concurrent monitoring went live on 9.10.25. - Focus pivot to SEP1 bundle compliance Sept. 2025	Opportunities for Improvement: - OP18 b - Median Time from ED Arrival to ED Departure for Discharged ED Patients - OP22 – ED – Left Without Being Seen (Q1-Q4 2023) Barriers Multiple factors related to these two measures: inpatient bed availability, number of ED arrivals, patient acuity and physician staffing. Tactics to Close Gap April 2024 T2 Project (adding a second Triage RN) and improved Physician staffing Fall 2024 leading to reduction in median Door-to-Triage start minutes (from 10-12 /month in 2023 to 7-9 in April-Dec 2024). Sept 2025 rate 3.2%	Opportunities for Improvement: - HBIPS2 – Physical Restraint - HBIPS3 – Seclusion Barriers Variable based on high acuity of patients necessitating longer time in restraints and seclusion (R/S) Patient and staff safety is the balancing concern and is actively assessed and followed-up by Nursing leadership. Tactics to Close Gap RNs and Psychiatrists continuously reassess for justification for continued time in R/S Continued exploration to re-room patients earlier when given sedating medications in a seclusion room- this would entail 1:1 in the patient's room Explore comparable institutions for to improvement strategies - Site visit to John George PES and Inpatient Psych November/December 2025

Strategy Summary
Maintain a continued focus on clinical quality initiatives: Sepsis, restraint, seclusion and enhance ED throughput, all through an equity-focused lens.

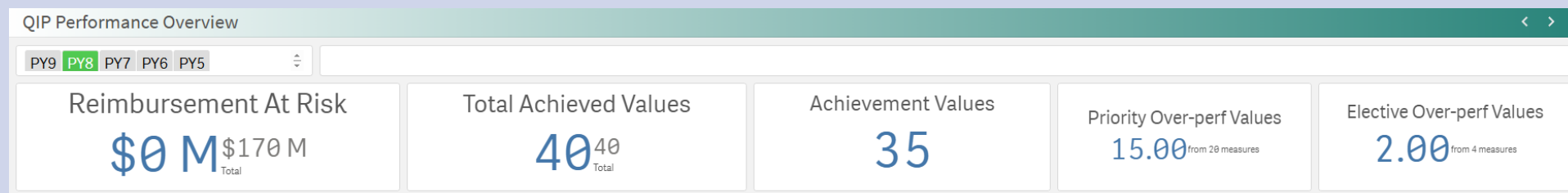
- Continue to apply evidence-based practices to deliver high-quality care and continuously pursue performance improvement with curiosity.
- Continued collaboration with the community partners and resource integration.

CY 2025 Summary

For CY 2025 QIP Measures- achievement value met with zero reimbursement dollars at risk

Final QIP payments are based on:

- Quality Score: 100% score= 40 Achievement Value (Performance + Over performance)
- Quality Score multiplied by the DPH system's proportion of the total Medi-Cal managed care members, relative to all other participating DPH systems



Improvement Opportunities identified for CY 2026

Requiring additional improvement effort due to either higher 90th percentile or existing gaps

- Child and Adolescent Well Care Visits (WCV)
- Child and Adolescent Well Care Visits (WCV) in AA
- Lead Screening in Children
- Well-Child Visits for Age 15 Months-30 Months
- Controlling High Blood Pressure (CBP)
- Controlling High Blood Pressure (CBP) in AA
- Glycemic Status Assessment for Patients with Diabetes (All 3 suberates)
- Postpartum Care
- Prenatal Care
- Cesarean Birth
- Transitions of Care
- Patient Engagement after Inpatient Discharge

Strategy Summary

Outreach efforts and incentive campaigns have been primarily focused on closing the gaps associated with these measures.

2026 PSPIC Calendar

January					
Reports	Measures	Presenter(s)	Quality Team	Report Period	Mins Allotted
Monthly Reports					
Quality and Safety Update	Monthly Update	Jasmin Contreras	na	Monthly	5
Regulatory	Monthly update	Roberto Vargas	Tom Ta	Monthly	5
Medication safety	Consent	Shideh Ataii, Adeebah Fakurnejad	na	Quarterly Mar/Apr/Jul/Nov	0
Periodic Reports					
Psych Safety	Fall Rate, Restraint & Seclusion, Assault, % of visits w/ LOS 24Hr +, Inpatient Psych Core Measures	Tarun Bhandari	Anne Staunton	Bi-Annual	10
Nursing Report for 2025	Blood Transfusion, Pain Assessment and Reassessment, Restraints and seclusion, MCS - Staffing and Bed Control	Ira Sabio, Harmandeep Madra	na	Annual	10
IP&C: Annual Evaluation, HAI and Hand Hygiene	Annual Eval, HAI, Hand Hygiene, Outbreak	Kathy Ferris, Nancy Hendra	Mary Campbell	Annual	10
Old Business					
Laboratory	Update from November Annual Report (Nov 2025)	Sam Ferrell	Tom Ta	Update	10

February					
Reports	Measures	Presenter(s)	Quality Team	Report Period	Mins Allotted
Monthly Reports					
Quality and Safety Update	1. 2026 QAPI Plan 2. 2025 Evaluation 3. 2026 PI Priorities	Jasmin Contreras	na	Annual	15
Regulatory	Monthly update, Contracted Services	Roberto Vargas	Tom Ta	Monthly	5
Medication safety	Consent	Shideh Ataii, Adeebah Fakurnejad	na	Quarterly Mar/Apr/Jul/Nov	0
Periodic Reports					
Nutrition Food Safety	1.Temp log 2.Patient Tray Compliance	Stephanie Dockham	na	Annual	10
CCHP Annual Plan & Eval	1.HEDIS:Overall Rating (in comparison with other providers) 2.HEDIS:MCAS Measures Under MPL (Count)	Sara Levin, Jersey Neilson	na	Annual	10
Tissue Report	Annual Report for standardized procedure compliance	Michael Gynn, Robin Hargrave, Gino Rogers	Mary Campbell	Annual	10
Sepsis	1. PI Priorities 2. Sepsis Bundle Compliance a. ED triage start time to Lactate within 1 hour b. ED triage start time to Abx admin within 3 hours	Ari Simon	Pat Christy	Bi-Annual	10
Environment of Care (EOC)	Annual Report	Swandi Singh, Teresa Lascano	na	Annual	10
Emergency Management	Annual Plan	Swandi Singh, Teresa Lascano	na	Annual	10
Old Business					
OR	OR Report Back on Timely Pre Anesthesia documentation and Colorectal SSI	Gino Rogers, Dr. Gynn	Mary Campbell	Update	10

March					
Reports	Measures	Presenter(s)	Quality Team	Report Period	Mins Allotted
Monthly Reports					
Quality and Safety Update	Monthly update	Jasmin Contreras	na	Monthly	5
Regulatory	Monthly update -	Roberto Vargas	Tom Ta	Monthly	5
Medication Safety: Annual SERs report	Annual Report	Shideh Ataii, Adeebah Fakurnejad	na	Quarterly Mar/Apr/Jul/Nov	10
Periodic Reports					
Perinatal Safety	1. PI projects 2. Core Measures A. PC-01 Early Elective Delivery B. PC-06 Unexpected Complications in Term Newborns - Overall Rate C. PC-02 Cesarean Birth D. Severe Obstetric Complications	Christina Wong , Cita Ritcheson	Whitney Dolan	Bi-Annual	10
Emergency Department	1.Avg boarder Hrs/patient week 2.C-SSRS Screenings completed	Akiko Tennison	Anne Staunton	Bi-Annual	10
Risk Management	Annual Report and 2026 Plan	Leah Carlon	na	Annual	10
Care Experience Plan	Annual Plan: Patient's perception of safety and care	Roberto Vargas	(Vacant ASAlll)	Annual	10
QIP	Annual Update	Nooshin Abtahi	na	Annual	10
Old Business					

April					
Reports	Measures	Presenter(s)	Quality Team	Report Period	Mins Allotted
Monthly Reports					
Quality and Safety Update	Monthly update	Jasmin Contreras	na	Monthly	5
Regulatory	Monthly update	Roberto Vargas	Tom Ta	Monthly	5
Medication Safety	Annual MERP Plan	Shideh Ataii, Adeebah Fakurnejad	na	Quarterly Mar/Apr/Jul/Nov	10
Periodic Reports					
Respiratory	1. 100% of Critical Values will be reported to Inpatient Provider within 15 mins 2. 100% of Critical Values will be reported to Ambulatory Licensed Provider within one hour 3. ABG QC Checks 4. ABG QC Corrected	Michael De Peralta	Tom Ta	Annual	10
CHF Readmissions	PI Priority	Geena Jester	Pat Christy	Bi-Annual	10
Periop Quality Safety Plan	1. Annual Plan 2. Operative / Other Procedures that place patients at risk 3. Significant discrepancies between pre-op and post-op diagnosis 4. Tissue Transplant Safety	Gino Rogers, Dr. Gynn	Mary Campbell	Annual	10
Falls	1. PI Priority 2. Falls (by location) 3. Falls with Injury Rate	Melinda Elliott, Judy Rivera	Pat Christy	Bi-Annual	10
Equity	Annual Report	Gilbert Salinas, Jasmin Contreras	na	Annual	10
Old Business					

May					
Reports	Measures	Presenter(s)	Quality Team	Report Period	Mins Allotted
Monthly Reports					
Quality and Safety Update	Monthly update	Jasmin Contreras	na	Monthly	5
Regulatory	Monthly update	Roberto Vargas	Tom Ta	Monthly	5
Medication safety	Consent	Shideh Ataii, Adeebah Fakurnejad	na	Quarterly Mar/Apr/Jul/Nov	0
Periodic Reports					
Lab quality and safety plan and report	1. Critical Results 2. Tissue	Sweta Das, Sam Ferrell	Tom Ta	Annual	15
Critical Care: Organ & Tissue Donor	Annual Update	Grace Ma	Janet Keathley	Annual	10
Critical Care: Code Blue	1.Code Blue Rate 2.Code Blue Survival Rate	Grace Ma	Janet Keathley	Annual	10
Risk Management	SERS, Complaints and Grievances	Leah Carlon	na	Bi-Annual	15
Old Business					

June					
Reports	Measures	Presenter(s)	Quality Team	Report Period	Mins Allotted
Monthly Reports					
Quality and Safety Update	Monthly update	Jasmin Contreras	na	Monthly	5
Regulatory	Monthly update	Roberto Vargas	Tom Ta	Monthly	5
Medication safety	Consent	Shideh Ataii, Adeebah Fakurnejad	na	Quarterly Mar/Apr/Jul/Nov	0
Periodic Reports					
HAPI	1. PI Priorities 2. PSI 03: Pressure Ulcer Rate a. HAPIs Stage 3, 4 or unstageable b. DTIs excluding LOS < 3 days	Lina Xiao, M. Gutierrez	Pat Christy	Bi-Annual	10
Diagnostic Imaging	1. Thermal injuries 2. Unintentional objects in MRI assoc with injuries 3. Unintentional objects in MRI 4. Rad CTDIvol, DLP, SSDE, Count 5. Nuc Med Adverse Events 6. Fluoroscopy rad exposure 7. CT: Turnaround time <= 120 minutes	Angela Womble, Usha Murphy	Pat Christy	Annual	15
Social Services	Annual Report	Rani Viswesaran, Yvonne Hollister?	na	Annual	10
Residency Program	1. Response Rate - Residents and Culture of Safety Survey 2. Count of Residents Filing >= 1 SERS	Leah Romito	na	Annual	10
Old Business					

July					
Reports	Measures	Presenter(s)	Quality Team	Report Period	Mins Allotted
Monthly Reports					
Quality and Safety Update	Monthly update	Jasmin Contreras	na	Monthly	5
Regulatory	Monthly update and High Risk Analysis	Roberto Vargas	Tom Ta	Monthly	5
Medication safety	Medication Safety Updates	Shideh Ataii, Adeebah Fakurnejad	na	Quarterly Mar/Apr/Jul/Nov	10
Periodic Reports					
Well Child Visits	PI Priority	Preetha Joseph, Denise Tai	Maansi Shah	Annual	10
Workplace Violence	Annual Report	Sylvia Elizarrarrez	NA	Annual	10
Psych Safety	Fall Rate, Restraint & Seclusion, Assault, % of visits w/ LOS 24Hr +, Inpatient Psych Core Measures	Tarun Bhandari	Anne Staunton	Bi-Annual	15
IP&C: HAI and Hand Hygiene`	Semi-Annual Report	Kathy Ferris	Mary Campbell	Bi-Annual	15
Old Business					

August					
Reports	Measures	Presenter(s)	Quality Team	Report Period	Mins Allotted
Monthly Reports					
Quality and Safety Update	1. Monthly update 2. CMS Stars 3. Leapfrog 4. Core Measures	Jasmin Contreras	na	Monthly	5
Regulatory	Monthly update	Roberto Vargas	Tom Ta	Monthly	5
Medication safety	Consent	Shideh Ataii, Adeebah Fakurnejad	na	Quarterly Mar/Apr/Jul/Nov	0
Periodic Reports					
Sepsis	1. PI Priority 2. Sepsis Bundle Compliance a. ED triage start time to Lactate within 1 hour b. ED triage start time to Abx admin within 3 hours	Ari Simon	Pat Christy	Bi-Annual	10
Dental	Annual Report	Darlene Garcia, DDS	na	Annual	10
Nutrition Food Safety-	1. Evaluation of 2023 2. 2024 Plan	Stephanie Dockham	na	Annual	15
EOC Report	1.Fire Drill Frequency Compliance 2.Staff Fire Drill compliance 3.Annual HCAHPS Score for cleanliness 4.Spill kit compliance 5. Isolation Room Maintainance 6. Generator test compliance 7.PM High Risk Util. equip 8.PM non-High Risk Util. equip 9.Monthly / Annual Emergency light/exits 10.Fire pump tests 11.Recalled devices addressed 12.PM High Risk Med Equip 13.PM non High Risk Med Equip	Swandi Singh, Teresa Lascano	Maansi Shah	Annual	15
Old Business					

September					
Reports	Measures	Presenter(s)	Quality Team	Report Period	Mins Allotted
Monthly Reports					
Quality and Safety Update	Monthly update	Jasmin Contreras	na	Monthly	5
Regulatory	Monthly update	Roberto Vargas	Tom Ta	Monthly	5
Medication safety	Consent	Shideh Ataii, Adeebah Fakurnejad	na	Quarterly Mar/Apr/Jul/Nov	0
Periodic Reports					
Cancer Committee	Annual Report	Michael Gynn	Pat Christy	Annual	10
CHF Readmission	PI Priority	Geena Jester	Pat Christy	Bi-Annual	10
Healthcare for the Homeless	Annual Report	Sarah McNeil	na	Annual	10
Risk Management	SERS, Complaints and Grievances	Leah Carlon	na	Bi-Annual	10
Old Business					

October					
Reports	Measures	Presenter(s)	Quality Team	Report Period	Mins Allotted
Monthly Reports					
Quality and Safety Update	Monthly update	Jasmin Contreras	na	Monthly	5
Regulatory	Monthly update	Roberto Vargas	Tom Ta	Monthly	5
Medication safety	Consent	Shideh Ataii, Adeebah Fakurnejad	na	Quarterly Mar/Apr/Jul/Nov	0
Periodic Reports					
Utilization Review - Annual Report	UM Committee: 1. Use of blood and blood components 2. Patient Flow	Yvonne Hollister, Sergio Urcuyo	Tin Aung	Annual	10
Periop year end report	1.Surgery: Overall Patient Satisfaction 2.ERAS:Normothermic (T 36-37C) 3.PSI 09: Perioperative Hemorrhage or Hematoma 4.PSI 11: Postoperative Respiratory Failure 5.PSI 12: Perioperative Pulmonary Embolism or Deep Vein Thrombosis 6.PSI 13 Postoperative Sepsis 7.PSI 15 Unrecognized Abdominopelvic APL 8.Interpreter Use Documented on Consent form 9.Death within 24 hours of surgery meeting CDPH reportable criteria. 10. Moderate/Deep Sedation Adverse Events	Gino Rogers Michael Gynn	Mary Campbell	Annual	10
Falls	1. PI Priority 2.Falls (by location) 3. Falls with Injury Rate	Mindy Elliot, Judy Rivera	Pat Christy	Bi-Annual	10
Emergency Department	1.Avg boarder Hrs/patient week 2.C-SSRS Screenings completed	Akiko Tennison	Anne Staunton	Bi-Annual	10
Old Business					

November					
Reports	Measure(s)	Presenter(s)	Quality Team	Report Period	Mins Allotted
Monthly Reports					
Quality and Safety Update	Hospital Leapfrog Score	Jasmin Contreras	na	Monthly	5
Regulatory	Monthly update	Roberto Vargas	Tom Ta	Monthly	5
Medication safety	Quarterly update	Shideh Attai	na	Quarterly Mar/Apr/Jul/Nov	10
Periodic Reports					
HAPI	1.PSI03 Pressure Ulcer Rate This report was moved to	Judy Rivera	Pat Christy	Bi-Annual	10
	1.No shows				
	2.Third Next Available				
Ambulatory Care Redesign	3.Nurse-Provider Continuity	Andrea Sandler	Maansi Shah	Annual	10
Rehab/Occupational Therapy	Annual Report (include Speech and Audiology)	Mahjobeh Rezazadeh	na	Annual	10
	1.Critical Values				
Laboratory	2. Tissue report	Sam Ferrell	Tom Ta	Annual	10
Cardiology	Echo/EKG	Michael De Peralta	TBD	Annual	10
IP&C: Outbreak(s) Update		Kathy Ferris, Nancy Hendra	Mary Campbell	Annual	10
Old Business					

December					
Reports	Measures	Presenter(s)	Quality Team	Report Period	Mins Allotted
Monthly Reports					
Quality and Safety Update	Monthly update	Jasmin Contreras	na	Monthly	5
Regulatory	Monthly update, Culture of Safety	Roberto Vargas	Tom Ta	Monthly	5
Medication Safety	Consent	Shideh Ataii, Adeebah Fakurnejad	na	Quarterly Mar/Apr/Jul/Nov	0
Periodic Reports					
Nutrition & Dietary Services	1.Nurse Screening Malnutrition	Krisitna Jadrach	na	Annual	10
Perinatal Safety	1. PI projects 2. Core Measures A. PC-01 Early Elective Delivery B. PC-06 Unexpected Complications in Term Newborns - Overall Rate C. PC-02 Cesarean Birth D. Severe Obstetric Complications	Cita Richeson, Christina Wong	Whitney Dolan	Bi-Annual	10
HAPI	1. PI Priorities 2. PSI 03: Pressure Ulcer Rate a. HAPIs Stage 3, 4 or unstageable b. DTIs excluding LOS < 3 days	Lina Xiao, M. Gutierrez	Pat Christy	Bi-Annual	10
Residency	1.Response Rate - Residents and Culture of Safety Survey 2.Count of Residents Filing >= 1 SERS	Leah Romito	na	Annual	10
Nursing Report	Blood Transfusion, Pain Assessment and Reassessment, Restraints and seclusion, MCS - Staffing and Bed Control	Ira Sabio, Harmandeep Madra	na	Annual	10
Old Business					



CONTRA COSTA COUNTY

Staff Report

1025 ESCOBAR STREET
MARTINEZ, CA 94553

File #: 26-3170

Agenda Date: 7/15/2026

Agenda #: 9.

CCRMC and CCHP ACROYNMS

Acronym	Corresponding Terms
AAP	American Academy of Pediatrics
ABD	Adverse Benefit Determination
ACE	Adverse Childhood Experience
ACIP	Advisory Committee on Immunization Practices
ACOG	American College of Obstetrician and Gynecologists
ADA	Americans with Disabilities Act of 1990
ADHC	Adult Day Health Care
ADO	Alternate Dispute Officer
ADT	Admission, Discharge, and Transfer
AFS	Alternative Format Selection
AIDS	Acquired Immune Deficiency Syndrome
APL	All Plan Letter
API	Application Programming Interface
APS	Asthma Preventive Service
AR	Authorized Representative
ASAM	American Society of Addiction Medicine
ASD	Autism Spectrum Disorder
BHD	Behavioral Health Department
BHS	Behavioral Health System
BHT	Behavioral Health Treatment
C&L	Cultural & Linguistic
CAP	Corrective Action Plan
CalAIM	California Advancing and Innovating Medi-Cal
CBAS	Community Based Adult Services
CB-CME	Community-Based Care Management Entities
CBO	Community-Based Organization
CCBH	Contra Costa Behavioral Health
CCHP	Contra Costa Health Plan
CCM	Complex Care Management
CCR	California Code of Regulations
CCRMC	Contra Costa Regional Medical Center

CCS	California Children's Services
CDPH	California Department of Public Health
CFR	Code of Federal Regulations
CHA	Community Health Assessment
CHHS/Cal HHS	California Health and Human Services Agency
CHIP	Community Health Implementation Plan
CHW	Community Health Worker
CLIA	Clinical Laboratory Improvement Act
CLPPB	Childhood Lead Poisoning Prevention Branch

CMP	Care Management Plan
CMS	The Centers for Medicare & Medicaid Services
CNM	Certified Nurse Midwife
COBA	Coordination of Benefits Agreement
COHS	County Organized Health Systems
CPN	Community Psychiatric Nurse
CPSP	Comprehensive Perinatal Services Program
CPT	Current Procedural Terminology
CQA	Clinical Quality Auditing
CQI	Continuous Quality Improvement
CRC	Caregiver Resource Center
CRM	Customer Relations Management
CSHCN	Children with Special Health Care Needs
CSS	Community Support Services
DDS	Department of Developmental Services
DF	Disclosure Form
DHCS	Department of Health Care Services
DHHS	Department of Health and Human Services
DMC	Drug Medi-Cal
DMC-ODS	Drug Medi-Cal Organized Delivery System
DME	Durable Medical Equipment
DMFEA	Division of Medi-Cal Fraud and Elder Abuse (Office of the Attorney General)
DMHC	Department of Managed Health Care
DOJ	Department of Justice

DOT	Direct Observed Therapy
D-SNP	Dual-Eligible Special Needs Plan
DUR	Drug Use Review
DVBE	Disabled Veteran Business Enterprises
ECM	Enhanced Care Management
ED	Emergency Department
EDI	Electronic Data Interchange
EMT	Emergency Medical Transportation
EOC	Explanation of Coverage
EPSDT	Early and Periodic Screening, Diagnostic and Treatment
EQR	External Quality Review
EQRO	External Quality Review Organization
ERS CBAS	Emergency Remote Services
ESRP	End Stage Renal Disease
FBC	Freestanding Birthing Centers
FDA	Food and Drug Administration
FFP	Federal Financial Participation
FFS	Fee-For-Service
FQHC	Federally Qualified Health Center
FSR	Facility Site Review

FTE	Full Time Equivalent
FWA	Fraud, Waste and Abuse
GAAP	Generally Accepted Accounting Principles
GC	Government Code (California)
H&S	Health and Safety Code
HCAI	Department of Health Care Access and Information (open data source) formerly Office of Statewide health Planning and Development (OSHDP)
HCBS	Home and Community-Based Services
HCO	Health Care Options
HEDIS®	Healthcare Effectiveness Data and Information Set
HEQ/HEQMS	Health Equity and Quality Measure Set
HHS	Human Health Services
HIE	Health Information Exchange

HIPAA	The Health Insurance Portability and Accountability Act of 1996
HIV	Human Immunodeficiency Virus
HMO	Health Maintenance Organization
HPA	Health Plan Accreditation
HRGi	Insurance company providing cost containment solutions for healthcare
ICD-10	International Classification of Diseases, Tenth Revision
ICF/DD	Intermediate Care Facility Developmentally Disabled
ICF/DD-H	Intermediate Care Facility/Developmentally Disabled Habilitative
ICF/DD-N	Intermediate Care Facility/Developmentally Disabled Nursing
IEP	Individualized Education Plan
IFSP	Individualized Family Service Plan
IHA	Initial Health Appointment
IHCP	Indian Health Care Provider
IHI	Initial Healthcare Improvement
IHS	Indian Health Service
IHSP	Individualized Health and Support Plan
IHSS	In-Home Supportive Services
IMD	Institution for Mental Diseases
IMR	Independent Medical Review
IPA	Independent Physician/Provider Associations
IPC	Individual Plan of Care
IT	Information Technology
JC	Joint Commission
JCC	Joint Conference Committee
JI	Justice Involved
KKA	Knox-Keene Health Care Service Plan Act of 1975
LAT	Language Assistance Timeline
LEA	Local Education Agency
LEP	Limited English Proficiency
LGA	Local Government Agency
LHD	Local Health Department

LM	Licensed Midwife
LOB	Line of Business

LTC	Long-Term Care
LTSS	Long-Term Services and Support
MAT	Medications for Addiction Treatment (or Medication-Assisted Treatment)
MCH	Maternal and Child Health
MCAS	Managed Care Accountability Set
MCO	Managed Care Organization
MCP	Managed Care Plan
MEDS	Medi-Cal Eligibility Data System
MFTP	Money Follows the Person
MHP	Mental Health Plan (Contra Costa County
MIS	Management and Information System
MLR	Medical Loss Ratio
MMA	Medicare Modernization Act
MOC	Model of Care
MOU	Memorandum of Understanding
MPL	Minimum Performance Level
MRR	Medical Record Review
MSSP	Multipurpose Senior Service Program
NABD	Notice of Adverse Benefit Determination
NAR	Notice of Appeal Resolution
NCQA	National Committee for Quality Assurance
NDC	National Drug Code
NDN	Nondiscrimination Notice
NEMT	Non-Emergency Medical Transportation
NISTSP	National Institute of Standards and Technology Special Publication
NMT	Non-Medical Transportation
NOA	Notice of Action
NP	Nurse Practitioner
NPI	National Provider Identifier
NQTL	Non-Quantitative Treatment Limitation
NSMHS	Non-Specialty Mental Health Service
OHC	Other Health Coverage
OIG	Office of the Inspector General
P&P	Policies and Procedures
PACE	Program for All-Inclusive Care for the Elderly

PCC	Public Contract Code (California)
PCP	Primary Care Provider
PH	Public Health
PHI	Protected Health Information
PHM	Population Health Management
PHMS	Population Health Management Strategy
PI	Personal Information

PIA	Prison Industry Authority
PIP	Performance Improvement Project
PIR	Privacy Incident Reporting
PIU	Program Integrity Unit
PIW	Performance Improvement Workgroups
PL	Policy Letter
PMC	Policy Management Committee
PMP	Policy Management Program
PMPM	Per Member Per Month
PMO	Project Management Office
PNA	Population Needs Assessment
PNT	Provider Network Training
POCT	Point-of-Care Glucose Training
PPC	Provider-Preventable Condition
PPR	Post-Payment Recovery
PPS	Prospective Payment System
PQI	Potential Quality Issue
PSCI	Personal, Sensitive, and/or Confidential Information
QAS	Qualified Autism Services
QI	Quality Improvement
QIHEC	Quality Improvement and Health Equity Committee
QIHETP	Quality Improvement and Health Equity Transformation Program
QOC	Quality of Care
QSO	Qualified Service Organization
QTL	Quantitative Treatment Limitation
RC	Regional Center

RDT	Rate Development Template
RHC	Rural Health Clinic
RPD	Restricted Provider Database
RSS	Risk Stratification and Segmentation
SBC	Summary of Benefits and Coverage
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SDOH	Social Drivers of Health
SED	Serious Emotional Disturbance
SFTP	Secure File Transfer Protocol
SIS	Satisfactory Immigration Status (see UIS)
SMAC	State Medical Agency Contracts
SMHS	Specialty Mental Health Services
SMI	Serious Mental Illness
SNF	Skilled Nursing Facility
SPD	Senior and Person with Disability
STC	Special Terms and Conditions
STD	Sexually Transmitted Disease
SUD	Substance Use Disorder

TAR	Treatment Authorization Request
TB	Tuberculosis
TCC	Telephone Consultation Clinic
TCM	Targeted Case Management
TDD	Telecommunication Devices for the Deaf
TNE	Tangible Net Equity
TPTL	Third Party Tort Liability
TTY	Telephone Typewriters
UIS	Unsatisfactory Immigration Status (see SIS)
UM	Utilization Management
USC	United States Code
USPSTF	United States Preventive Services Task Force
VFC	Vaccines for Children
W&I	Welfare and Institutions Code
WCM	Whole Child Model

WIC	Women, Infants and Children Supplemental Nutrition Program
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JOINT CONFERENCE COMMITTEE EXPEDITED PRIVILEGES SUBCOMMITTEE MINUTES FOR JANUARY

May 18, 2026

VOTING MEMBERS PRESENT: Dayana Carcamo-Molina MD; Tarun Bhandari MD; Sergio Urcuyo, MD, CCRMC Chief Medical Officer, David Culberson, CEO	
GUESTS PRESENT: Aarden, Pyra, MD, Chair, Emergency Department; Katzman, Ken, MD, Division Chair, DFAM-Martinez; Kerbawy, Sofia, MD, Chair, Pediatrics Department-Inpatient; Bhandari, Vijay, MD, Chair, PCP&E Committee; Brooks, Nathan, MD, Division Chair, DFAM-East County; Lee, David, MD, Division Chair, DFAM-Far East Division; Lehman, Trang, MD, Division Chair, DFAM Concord; McNeil, Sarah, MD, Medical Staff President, MEC; Murphy, Usha, MD, Chair, Diagnostic Imaging Department; Gynn, Michael, MD, Chair, Surgery Department; Wondolowski, Lauren, MD, Chair, Administrative Affairs Committee; Wong, Christina, MD, Chair, Department of Obstetrics & Gynecology; Buck, Adam, MD, CMIO; Sullivan; Gabriela, MD, Director, Ambulatory Medicine; Rodelo, Lisa, MD. Gynn, Michael, MD, Chair, Cancer Committee; Madra, Harmandeep, RN, CNO; Abhilasha Jamwal, MD, Pediatrics Outpatient Department, Ayala, Miguel, NP, Chair, Department of Family & Adult Medicine; Garcia, Darleen, DDS, Chair, Dental Department; Jester, Geena, MD, Hospital Medical Director; Initha Elangovan, Chair Critical Care Department, Tarun Bhandari, Director, PES; Peyman Keyashian, MD, Chair, Anesthesia Department; Romito, Leah, MD, Residency Director; Kari Kompaniez, MD, Chair Department of Hospital Medicine; Will Sheldon, MD, Chair, DFAM West County; Sandler, Andrea, MD, Associate Ambulatory Medical Director; Terris Robert, Mediator; Guss, Jenny, Chair, Psychiatry/Psychology Department; Heather Cedermaz, FNP-Chair Credentials Committee; Sefanit Mekuria, MD, Director-Public Health; Park, May, HAS; Tzvieli, Ori, Health Officer; Kaitlin HollandBerry, MD, PROC; Kali Stanger, Associate Medical Director; Atail, Shideh, Pharmacy Director; Tulshian, Priyanka, MD, Chair Utilization Committee, Sutherland, Sonia, MD, Medical Director Detention Health	
Agenda Item	Action
Call to Order Dr. McNeil called the meeting to order at 1:05 P.M.	
Roll Call Voting Committee Members roll call, all present, Quorum reached.	Quorum reached
Approve Expedited Credentialing - Called and approved expedited credentials, voted, passed. Unanimously. - All names on the list were approved by MEC at this meeting:	Approved <u>Ayes:</u> Dr. Carcamo-Molina, Dr. Bhandari, Dr. Urcuyo, David Culberson, CEO <u>Nos:</u> None <u>Abstain:</u> None
ADJOURN	
ADJOURNMENT: Next Meeting Date, June 22, 2026 In Person Building one or Teams	

CCRMC JCC Expedited Privileges Subcommittee meets during the Medical Executive Committee (MEC) Meeting. Call to order reflects MEC convening and is done by the Medical Staff President. Roll call for the Subcommittee occurs when MEC reaches that agenda item of MEC.

Signed by:

Dr Sarah McNeil

E7426480D8C84B9...

Sarah McNeil, MD-Medical Staff President

5/19/2026

Date

GRANT COLFAX, MD
CONTRA COSTA HEALTH DIRECTOR

DAVID CULBERSON
CHIEF EXECUTIVE OFFICER
CONTRA COSTA REGIONAL MEDICAL CENTER
AND HEALTH CENTERS



CONTRA COSTA REGIONAL
MEDICAL CENTER
AND HEALTH CENTERS

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Credentials Committee Recommendations to the Medical Executive Committee

The Credentials Committee convened on 5-13-2026. The Credentials Committee makes the following recommendations to the Medical Executive Committee of 5-18-2026.

A. Privilege Packet(s) Approval:

The following privilege packet(s) have been reviewed by the Credentials Committee and are recommended for approval:

Privilege Department	Privilege Modification(s)	PMIS Update(s)
None		

B. Initial Appointments

The following applicants were reviewed by the Credentials Committee. The Committee has made the following recommendations for an appointment:

<u>Applicant</u>	<u>Primary Department</u>	<u>Secondary Department</u>	<u>Staff Category</u>	<u>Discussion/Follow-Up</u>	<u>Recommendations</u>
Bowers, Philip, MD	Psychiatry/ Psychology		Courtesy		Approve
Bleazard, Scott, MD	Diagnostic Imaging		Tele-Rad		Approve
Caruso, Jaylee, MD	DFAM		Active		Approve
Fierro, Mark, MD	OBGYN		Courtesy		Approve
Kaufman, Sarah, E MD	Psychiatry/ Psychology		Courtesy		Approve
Kopp, Alan, MD	Diagnostic Imaging		Tele-Rad		Approve
Lockhart, Ann, MD	OBGYN		Courtesy		Approve

GRANT COLFAX, MD
CONTRA COSTA HEALTH DIRECTOR

DAVID CULBERSON
CHIEF EXECUTIVE OFFICER
CONTRA COSTA REGIONAL MEDICAL CENTER
AND HEALTH CENTERS



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Loo, Dyani, MD	Psychiatry/ Psychology		Courtesy		Approve
Abramson, Elijah, MD	Emergency Medicine		Courtesy		Approve
Brady, Steven, MD	Psychiatry/ Psychology		Courtesy		Approve
Irani, Meher, MD	Psychiatry/ Psychology		Courtesy		Approve
Lama Tamang, Tenchee, MD	Psychiatry/ Psychology		Courtesy		Approve

C. Reappointments

The following applicants for reappointment were reviewed by the Credentials Committee. The Committee has made the following recommendations for reappointment:

Name	Primary Department	Secondary Department	Category	Exp. Date	Recommendation
Chan, Rodney, J, MD	Surgery		Active	07/31/2026	Approve
Chiu, Jeff, DO	Emergency Medicine		Active	08/01/2026	Approve
Farnitano, Christopher, MD	DFAM		Active	07/31/2026	Approve
Goldstein, David, MD	DFAM		Courtesy	07/31/2026	Approve
Hernandez, Alberto, NP	DFAM		Active	07/31/2026	Approve
Huff, Mary, MD	Diagnostic Imaging		Tele-Rad	08/05/2026	Approve
Hummos, Ali, MD	Psychiatry/Psychology		Courtesy	06/30/2026	Approve
Kalkstein, Jonathan M, MD	Psychiatry/Psychology		Courtesy	07/31/2026	Approve
Kang, Soo Yeon, K, MD	Psychiatry/Psychology		Courtesy	07/31/2026	Approve

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Kaushik, Charisma, MD	Emergency Medicine		Courtesy	08/01/2026	Approve
Urcuyo, Sergio, MD	Critical Care	Hospitalist	Active	06/30/2026	Missing ACLS, Activity letter, training plan, HIPAA, Fee
Varshni, Iyer, MD	Inpatient Pediatrics		Active	07/31/2026	Approve
Malik, Ritu, MD	Emergency Medicine		Active	07/31/2026	Approve
Ortego, Jonathan, MD	Psychiatry/Psychology		Courtesy	07/31/2026	Approve
Patel, Keval, MD	DFAM		Active	07/31/2026	Approve
Poursartip, Maryam, MD	DFAM		Active	07/31/2026	Approve
Santos, Riza, DMD	Dental		Active	07/31/2026	Approve
Steinhart, Rachel, MD	Emergency Medicine		Active	07/31/2026	Approve
Stokes, Michael, DDS	Dental		Active	07/31/2026	Approve
Stout, Eric, DO	DFAM		Active	07/31/2026	Approve
Sutherland, Sonia, MD	DFAM		Active	07/31/2026	Approve
Bhandari, Tarun, MD	Psychiatry/Psychology		Active	07/31/2026	Approve
Doctorvaladan, Sahar V, MD	OBGYN		Active	06/30/2026	Approve
Singh, Indra P, MD	Psychiatry/Psychology		Courtesy	07/31/2026	Approve
Sreenivasan, Meera, MD	DFAM		Active	07/31/2026	Approve
Thompson, Julie, MD	Internal Medicine		Active	07/31/2026	Approve
Tiger, Zachary Lee, MD	Psychiatry/Psychology		Courtesy	08/05/2026	Approve
Wong, Michelle, MD	DFAM		Active	07/31/2026	Approve
Srivastav, Shivani, MD	Outpatient Pediatrics		Active	07/31/2026	Approve
Williams, Sean, MD	Outpatient Pediatrics		Active	08/05/2026	Approve
Mokhtare, Shahrzad, MD	DFAM		Active	07/31/2026	Approve

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Nicholas, Zachary, MD	DFAM		Active	07/31/2026	Needs 1 st and 2 nd trimester proctoring per Ms. Cedermaz
Quon, Samantha, MD	Internal Medicine		Courtesy	08/05/2026	Approve
Tran, Angela, MD	OBGYN		Active	07/31/2026	Approve

D. Amendment of Clinical Privileges

The following providers have requested additional privileges. The Committee has made a recommendation to approve the following privileges:

Provider	Department	Requesting Department
NONE		

E. Resignations/Terminations/Non-Renewals

The following providers clinical privileges were considered for removal:

Provider	Department	Date
Gandhi, Shailesh, MD	Psychiatry/Psychology	Voluntary Resignation 6/01/2026
Loda, Kimberly Ann, MD	Psychiatry/Psychology	Voluntary Resignation 6/01/2026 staying with CCBH
Moskin, Ava, MD	DFAM	Voluntary Resignation 5/11/26
Norton, David R, DO	Psychiatry/Psychology	Voluntary Resignation 6/01/2026 staying with CCBH
Pet, Douglas, MD	Internal Medicine	Voluntary Resignation- 5/5/2026
Beltagui, Amr, MD	Psychiatry/Psychology	Voluntary Resignation- 5/11/2026

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