



JOINT CONFERENCE COMMITTEE MINUTES

April 25th, 2024, from 1:00 – 3:00 PM

Contra Costa Regional Medical Center

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

<p>VOTING MEMBERS PRESENT: Supervisor John Gioia, District I; Supervisor Federal Glover, District V; Dayana Carcamo-Molina MD; Tarun Bhandari MD; NON-VOTING MEMBERS PRESENT: Samir Shah MD, Chief Executive Officer/Chief Medical Officer; Anna Roth RN, Health Services Director; Sara McNeil MD, Medical Staff President; Lisa Schilling RN, Chief Quality Officer; GUESTS PRESENT: Sergio Urcuyo MD, Hospital Medical Director; Courtney Beach MD, Associate Medical Director of Quality; Andrea Sandler MD, Associate Ambulatory Care Medical Director, Helena Martel RN, Director of Ambulatory Nursing Operations Gabriela Sullivan MD, Ambulatory and Specialty Medical Director; Nancy Hendra RN, Director of Ambulatory Care Nursing Infection Prevention & Control Program; Jasmin Contreras RN, Director, Safety and Performance Improvement; Leah Carlon, Health Care Risk Manager, Safety & Performance Improvement; Emily Parmenter, Strategic Initiatives, Office of the Director; Jo-Anne Linares, Personnel Manager; Ann Elliott, Director of Human Resources Contra Costa County; Enrique A. Henriquez, Lieutenant Chief of Security; Julia Surges, Corticha Flucus; MEMBERS ABSENT: None</p>	
AGENDA ITEM	RECOMMENDATION
<p>I. CALL TO ORDER AND INTRODUCTIONS Meeting Chair – Supervisor John Gioia, District I</p> <ul style="list-style-type: none"> Meeting called to order at 1:01 PM by Supervisor Gioia Location of meeting at three locations under the Brown Act: CCRMC Building 1 Conference Room; Supervisor Glover’s office in Pittsburg; Public may attend meeting remotely VIA Zoom Webinar or Call In. Agenda has been posted outside Supervisors’ offices and CCRMC. Public is invited to attend publicly or remotely. 	<p>Inform</p>
<p>II. APPROVAL OF MINUTES – March 11, 2024 Supervisor Gioia</p> <p><i>In open session, voting members of Contra Costa Regional Medical Center Joint Conference Committee voted to accept the March 11, 2024, Joint Conference Committee minutes.</i></p> <p>No public comment.</p>	<p><u>Motion:</u> <i>By: Glover</i> <i>Seconded by Bhandari</i></p> <p><u>Ayes:</u> <i>Glover, Gioia, Carcamo-Molina, Bhandari</i></p> <p><u>Abstain:</u> <i>None</i></p>
<p>III. PUBLIC COMMENT Supervisor Gioia</p> <p><i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to two minutes or less. Under State law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on</i></p>	<p>Inform</p>

<p><i>the agenda, the public will be invited to make comments at the time the item comes up for Board consideration.</i></p> <p>No public comment.</p>	
<p>IV. GOVERNANCE Sarah McNeil, M.D., Medical Staff President</p> <p>A. Approval: Department Heads 2024</p> <ul style="list-style-type: none"> Approval requested <p><i>Supervisor Gioia- There are other medic leads but they're not department heads?</i></p> <p><i>Dr. McNeil - Correct there are committee chairs which was voted on at the last JCC for approval. Then every other year we vote for half of the department heads so that we don't have all new department heads every two years. So this is half of our departments.</i></p> <p><i>Supervisor Glover – I would like to Congratulate them all.</i></p> <p><i>Department heads approved by vote.</i> <i>No public comment.</i></p>	<p><u>Motion:</u> <i>By: Glover</i> <i>Seconded by Bhandari</i></p> <p><u>Ayes:</u> <i>Glover, Gioia, Bhandari, Carcamo-Molina</i></p> <p><u>Abstain:</u> None</p>
<p>V. ADMINISTRATIVE UPDATE Samir B. Shah, MD, Chief Executive Officer/Chief Medical Officer; Nancy Hendra, R.N. Director Ambulatory Care; Sergio Urcuyo, M.D., Medical Director Inpatient Care; Gabriela Sullivan, M.D., Medical Directory Ambulatory Care; Andrea Sandler, M.D., Associate Medical Director Ambulatory Care</p> <p>A. Measure X</p> <ul style="list-style-type: none"> Vanir will present final master plan imminently Work order has been placed with public work to initiate process for parking structure, public health lab and interventional radiology State's seismic requirements include construction projects to be completed by 2030. This work is being planned to occur in conjunction with first phase of Measure X. We are currently advocating for SB 1432 to be delayed due to cost. State proposition 1 intended to impact behavioral health infrastructure requirements will need to be evaluated. <p><i>Supervisor Gioia – Explain more what this seismic project. Does our hospital meet the 2030 seismic standards?</i></p>	<p>Inform</p>

S. Shah- Our hospital building itself meets the seismic requirements for 2030. However, there are other things called Nonstructural Performance Criteria (NPC) which would require addition bracing of equipment in the hospital it would require us to be able to manage water and sewage for 72 hours which means we must construct a sewage bit and water storage apparatus on campus. Also, our cafeteria does not meet the seismic requirements to 2030 so that would have to be retrofitted at significant cost. It's not the same price as a new building but still millions of dollars in cost.

Supervisor Gioia – How much more do you estimate that we'll spend to meet seismic requirements for 2030? What's a range?

S. Shah – We're currently in the process of getting that evaluated. Public Works ask for an estimation based on some structural work they have been doing that's ongoing.

Supervisor Gioia- What source of funding to pay for that?

S. Shah- No earmark funding for that. Measure X was not approved for that at the beginning.

Anna Roth- Pat Godley can you give background on master planning to make sure we keep track of the whole view.

Pat Godly- We're waiting on public works numbers. It's tough to make any financial calls on this until we know exactly what we're dealing with. Once we have that then we'll sort out how to move forward and see if other mechanisms are feasible to obtain the capital and then how we would service the debt.

Supervisor Gioia- Is there an opportunity for public systems like us to band together and see if we could get some state assistance on this? We're glad to put strategy together to work on that.

S. Shah- I'm not aware of anything specifically that the state has agreed to of any system.

Supervisor Glover- Supervisor Gioia Do you think this is something CSAC could pick up.?

Supervisor Gioia –Yes, I think we should look at legislative strategy. I think we should leave it to the political leaders to figure out if we could advocate for some state funding maybe there's an opportunity over the next 6 years to try to work on this.

B. Compensation Update

<ul style="list-style-type: none"> • CAO's office proposed engagement with Alvarez and Marsal consultants. • HSD initiated contract with A & M (Strategy, compensation, HR) • A & M currently gathered data. <p>❖ <i>Supervisor Gioia- Requested CCRMC to return with complete report on compensation study once worked on.</i></p> <p>C. Multi-Departmental HR Update – Nancy H./Emily P. Last September 2023 follow up to our JCC meeting providing progress and areas of improvement we've made.</p> <p><i>Since December, our team has been working on evaluate existing procedures and identify opportunities to make our hiring process more efficient. This was a collaboration across health services a well, including our personnel team and multiple divisions within health and then Central HR and CAO's office as well.</i></p> <p>Objectives</p> <p><i>Aimed at defining clear performance, metric examining proposals for expansion of certain delegated authority, permissions as well as improving the overall hiring process through continuous improvement principles.</i></p> <ul style="list-style-type: none"> • Initiative Objects <ul style="list-style-type: none"> ○ Establish shared hiring timeline goals and operational key Performance Indicators (KPIs) ○ Review Additional Delegated Authority Provisions proposed by CCH. ○ Form a working group to review current state process and identify recommendations and opportunities for continuous improvement. • Hiring Process 9 Priority Measures <ul style="list-style-type: none"> ○ Total Time to Hire Baseline (2023): <ul style="list-style-type: none"> ▪ 163 days; 32.6 weeks non continuous recruitment ▪ Pre-employment Onboarding Baseline (2023): 32 days; 4.6 weeks • 2023 Baseline Data Hiring Process <ul style="list-style-type: none"> ○ Requisition Approval 3.4 ○ Recruitment Planning and Job Analysis .59 • Measurement Progress to Date <ul style="list-style-type: none"> ○ Reviewed all requested Delegated Authority expansion elements, identifying additional data and information need to understand each item further. ○ Collected pre-employment timeliness data for 2023 new hires. 	
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<ul style="list-style-type: none"> ○ Received ○ CCRMC hiring managers began tracking departmental hiring steps. ○ Identified unique scenarios and outcomes desired with proposed bid and rule of list changes. ● Workflow Mapping Progress to Date <ul style="list-style-type: none"> ○ Reviewed historical workflow maps from both CCH and HR departments ○ Developed new recruitment workflow maps from initial departmental freeze approval to new hire start date, incorporating both CCH and HR activities. ○ Currently identifying issues, waste and opportunities for improvement within each workflow. <p><i>Anne Elliott.- With completed analysis with steps that are necessary from federal perspective we offer remote verification for our candidate. They would not need to come into office at Central HR in Martinez but be able to complete their I-9 process anywhere from along with that we will partner with Equifax our current I-9 vendor to provide support to us and they have rolled out new project called I-9 anywhere. We're going to be implementing that. The candidate will have ability to log into website that allow them to complete stage 1 and stage 2 to move things along sooner.</i></p> <p><i>Supervisor Gioia- Appreciate HR and Health Services working together this a really important issue to stay on top of.</i></p> <p>D. Hospital Care Update – Dr. Urcuyo</p> <ul style="list-style-type: none"> ● Creating Growth in a Post Pandemic World ● High quality of care <ul style="list-style-type: none"> ○ Increase Regulatory Activity and focus on quality ○ Decrease community resources for post-acute care and acute support ○ Improved quality and safety performance: Leapfrog Grade A (Fall23), 4 Star CMS, Hospital rating 71.8% put ups in the top 20% of hospitals. <p>Medical</p> <ul style="list-style-type: none"> ● Contra Costa Regional Medical Center Volume ● CCRMC LOS and Readmissions FY 23/24 2.9% ● Inpatient Psychiatry ● Emergency Room Volume increase in behavior health patients that also have medical needs. ● Surgery <ul style="list-style-type: none"> ○ Largest staffing challenges <ul style="list-style-type: none"> ▪ Anesthesia ▪ Nursing <p><i>Supervisor Gioia- Can you summarize the major factors we need to be reduced our length of stay for psych patients?</i></p>	
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Dr. Urcuyo- That big reduction in length of stay came from increased partnership with behavior health. We see a lot of patients and really the patients live outside that acute phase of care. Represents the additional work we've done around PES and 4C along with behavior health to provide the wrap around services they do not have to come which is our goal.

Next Steps

Evaluating opportunities to expand service line to recapture elective surgeries being sent to other medical centers. Master planning infrastructure needs as known everything gets old our equipment is aging in diagnostic imaging, and leverage partnership with CCHP. This allows us to really focus on the community who relies on us.

Supervisor Glover (commented)- I think we come a long way and I appreciate this report.

No other comments.

E. Ambulatory Care Update – Dr. Gabriela Sullivan, Director of Ambulatory Medicine & Specialty Care

- Maintaining access
- Overview
 - State-& nation-wide PCP shortage in workforce
 - Recruitment difficulties
 - Market competitiveness
 - Generous leave policy – 21-25% cancellation rates in 2023
 - A near doubling of assigned lives in the last 5 years
 - Physical space limited for new clinicians during normal hours

Dr. Sullivan- As read in the news, there are massive doctor shortages across the county. Primary care seems to most impacted. Not a lot of medical grads go into primary care and is constant challenge to recruit primary care providers. We've looked at different ways to address access. Access is both seeing your doctor face to face and having your needs met in the right place and in the right way.

In 2023 CCRMC clinics provided 409,227 visits vs 2022 390,343 visits with a 5% increase year over year. The challenge is while we are increasing visits, there has been a near Doubling of Empaneled Population over the past 5 years from CCHP while relatively stable provider numbers

<p>F. Equity Update – Dr. Andrea Sandler, Associate Director of Ambulatory Medicine & Specialty Care</p> <p><i>Dr. Sandler- Equity is front and center for CCH. Its available to the public to view at any time on CCH website.</i></p> <ul style="list-style-type: none"> • CCH Staffing vs Community <ul style="list-style-type: none"> ○ CC Health Workforce • Participating in the Safety Net Institute and National Equity Project – Racial Equity Community of Practice <ul style="list-style-type: none"> ○ 10 person team with members from CCRMC, CCHP and Equity Office meeting monthly, and NEP coach attends every other month. <p>2024 Goals for equity:</p> <ul style="list-style-type: none"> • Establish a Patient Advisory Committee for CCRMC/Clinics announcements have gone out to recruit patients to have come to CCRMC bringing more patient input into our operation. <p><i>Supervisor Gioia-Are you specifically doing the outreach within your system? Do you need any help from us to do some outreach in the community as well? We can do some outreach, if you send us an announcement, we could also put it out there generally to the public to specifically say it's for patients. You should have something in writing that say were recruiting for this. Who are they appointed by?</i></p> <p><i>L. Schilling-Supervisor Gioia we will reach out to you. We do have our recruitment QR Code actual so if someone wants to apply there our certain criteria for participation, they will have to know medical language and a few other things. Julia Surges is one of our leads for CCRMC, and soon we will review the applicants and identify the membership of the initial committee. It will start small to work on the content and support those who are participating.</i></p> <p>No public comment.</p>	
<p>VI. FINANCE REPORT</p> <p>Pat Godley, Chief Financial Officer, Contra Costa Health Services</p> <p>A. Approve Annual budget update– <i>(Slide 6, 9 and 11 presented)</i></p> <ul style="list-style-type: none"> • Average monthly discharges fiscal year 22-23 same as 23-24 close to 8% increase in current fiscal year no major changes in Medicare or Medi-Cal. • Financial situation is constant and no major issues or identified problems. 	<p><u>Motion:</u> <u>By Glover</u> <u>Seconded: Carcamo-Molina</u></p> <p><u>Ayes: Glover, Gioia, Carcamo-Molina, Bhandari</u></p> <p><u>Abstain: None</u></p>

<ul style="list-style-type: none"> Revenue we exceed our budget in number around \$46 million so any unused subsidy will be rolled over to next fiscal year for use. <p><i>Annual budget report approved by vote.</i></p> <p>No public comment.</p>	
<p>VII. MEDICAL STAFF UPDATE</p> <p>Sarah McNeil, M.D., Medical Staff President</p> <p>Policy approval: Policies go through long, arduous vetting process of through committees that are staffed by medical staff leaders. They are hospital policies, nursing policies, and pharmacy policies. Most of these policies have been reformatted for the upcoming polycystat software implementation and there are very small changes.</p> <p>A. Consent: Patient Care Policies for CCRMC/HCs B. Chart Completion Protocol</p> <p><i>Consent policies approved by vote.</i></p> <p>Focus</p> <ul style="list-style-type: none"> Patient Access large concern for Medical Staff. <p><i>Dr. McNeil ask Supervisor Glover- How do you see the Ven Diagram of access from the county and the hospital overlapping?</i></p> <p><i>Supervisor Glover-Very consistent with all areas. Not sure, we would over counter much overlap it would be good to hear from you all where you see them overlaps.</i></p> <p><i>No Public Comment.</i></p>	<p><u>Motion:</u> By Glover Seconded: Bhandari</p> <p><u>Ayes:</u> Glover, Gioia, Carcamo-Molina, Bhandari</p> <p><u>Abstain:</u> None</p>
<p>VIII. SAFETY AND QUALITY UPDATES</p> <p>Lisa Schilling, RN, Chief Quality Officer Courtney Beach, M.D., Medical Director Quality</p> <p>A. Quality performance update:</p> <ul style="list-style-type: none"> 2023 performance CMS star rating hospital comparison – CCRMC outperformed in star rating the majority of local community hospitals at 4 stars Reviewed list of: CMS 5 star, CMS 4 star and CMS 3 stars and below hospitals Hospital and provider rating top box close to top 10% 2024 QAPI priority projects 1Q24 performance reviewed – on track <p><i>Supervisor Gioia suggest including Alta Bates, Sutter Oakland and create a chart to inform the public with the list of locations for the CMS star comparison.</i></p> <p>No questions or comments.</p>	<p>Inform</p>

IX. Adjourn at 2:42 PM	Inform
X. NEXT MEETING: July 22, 2024	
Minutes approved by Chair: Supervisor John Gioia, District I	
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Supervisor John Gioia	Date
Minutes by Corticha Flucus	