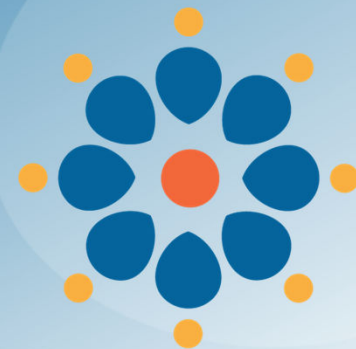


Quality and Safety Update

Contra Costa Regional Medical Center and Health Centers
Joint Conference Committee

November 14, 2024

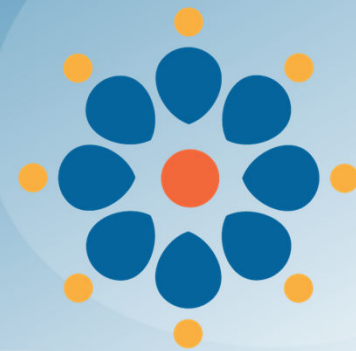


CONTRA COSTA
HEALTH

CMS Star Rating

Contra Costa Regional Medical Center and Health Centers
Joint Conference Committee

November 14, 2024



CONTRA COSTA
HEALTH

Current Performance CMS Star Rating

July 2023

Star Rating Preview

★★★★★ 4 Stars

	Standardized Group Score
Safety of Care	0.62
Mortality	1.18
Readmission	-0.43
Patient Experience	-0.01
Timely and Effective Care	-1.15

July 2024

Star Rating Preview

★★★★★ 3 Stars

	Standardized Group Score
Safety of Care	-0.64
Mortality	0.71
Readmission	-0.56
Patient Experience	0.15
Timely and Effective Care	-0.57

Readmission – every patient counts

– Unplanned Hospital Visits

Condition Specific Readmission

	Eligible Discharges	Facility Rate/Value	National Rate/Value	National Compare
📄 READM-30-AMI	N/A*	N/A*	13.7%*	TOO FEW*
📄 READM-30-HF	89	20.1%*	19.8%*	SAME
📄 READM-30-PN	61	15.1%*	16.4%*	SAME
📄 READM-30-COPD	55	18.6%*	18.5%*	SAME

Procedure Specific Readmission

	Eligible Discharges	Facility Rate/Value	National Rate/Value	National Compare
📄 READM-30-CABG	N/A*	N/A*	10.7%*	N/A*
📄 READM-30-HIP-KNEE	N/A*	N/A*	4.5%*	N/A*

Hospital Wide Readmission

	Eligible Discharges	Facility Rate/Value	National Rate/Value	National Compare
📄 READM-30-HOSPWIDE	318	14.1%*	14.6%*	SAME

CHF 17.9 readmissions
COPD 10.23 readmission

Sepsis Bundles – lower than benchmark

– Timely and Effective Care

Sepsis

	Facility Rate	Number of Patients	State Rate	National Rate	Top 10%
SEP-1	47%*	88*	66%*	61%*	82%*
SEV-SEP-3HR	72%*	88*	82%*	79%*	93%*
SEV-SEP-6HR	78%*	45*	93%*	90%*	100%*
SEP-SH-3HR	64%*	25*	73%*	69%*	96%*
SEP-SH-6HR	62%*	8*	87%*	85%*	100%*

HAI - worse than benchmark (Q42022-Q32023)

Infections	Predicted	Reported	Days / Procedure	Facility Ratio	State Ratio	National Ratio	National Compare
HAI-1	1.030	0	1,174	0.000*	0.769*	0.738	SAME
HAI-2	2.436	3	2,367	1.232*	0.710*	0.593	SAME
HAI-3	1.587	2	57	1.260*	0.894*	0.899	SAME
HAI-4	0.241	1	27	N/A*	0.734*	1.013	N/A*
HAI-5	1.442	1	33,002	0.693*	0.771*	0.775	SAME
HAI-6	12.747	8	29,274	0.628*	0.486*	0.430	SAME

HAI -2: CAUTI
HAI -3: Colo SSI
HAI-6: CDI

Infection data from 2022 impacted star rating

Measure	Reporting Period July 2024 Stars	Q4 2023	Q1 2024	Q2 2024
Timely and Effective Care	(Q4 2022 to Q3 2023)			
• SEP-1	47.0%	65%	50%	47%

Measure	Reporting Period July 2024 Stars	2023 12-Month Result (CY 2023)
Timely and Effective Care	(Q1 2022-Q4 2022)	
• LWBS	7%	5.50%

Measure	Reporting Period July 2024 Stars	Q4 2023	Q1 2024	Q2 2024
Infections	(Q4 2022 to Q3 2023)			
• CAUTI	3	0	0	0
• CDIIF	8	0	0	3

Measures Affecting Scores

- Sepsis
- LWBS
- CAUTI
- CDIIF

Scores have improved since this period



Appendix

CONTRA COSTA
HEALTH





JOINT CONFERENCE COMMITTEE MINUTES

July 22, 2024 from 1:00 – 3:00 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 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; Jaspreet Benepal RN, Chief Nursing Officer; 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, 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; Leah Carlon, Health Care Risk Manager, Safety & Performance Improvement; Emily Parmenter, Strategic Initiatives, Office of the Director; Jo-Anne Linares, Personnel Manager; Enrique A. Henriquez, Lieutenant Chief of Security; Julia Surges, Corticha Flucus

AGENDA ITEM	ACTION
<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 1:04 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 style="text-align: center;">Inform</p>
<p>II. APPROVAL OF MINUTES – April 25th 2024 Supervisor Gioia</p> <p>In open session, voting members of Contra Costa Regional Medical Center Joint Conference Committee voted to accept the April 25, 2024, Joint Conference Committee minutes.</p> <p>No public comment.</p>	<p><u>Motion:</u> By: Glover Seconded by Carcamo-Molina</p> <p><u>Ayes:</u> Glover, Gioia, Carcamo-Molina</p> <p><u>Abstain:</u> None</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 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 style="text-align: center;">Inform</p>

IV. Administrative Update

Samir B. Shah, MD, Chief Executive Officer/Chief Medical Officer; Jaspreet Benepal, RN, Chief Nursing Officer; Sergio Urcuyo, MD, Hospital Medical Director; Gabriela Sullivan, MD, Medical Director of Ambulatory Care; Andrea Sandler, MD, Associate Medical Director of Ambulatory Care; David Sanford, Chief of Labor Relations, Contra Costa County; Ann Elliott, Director of Human Resources, Contra Costa County

A. Operation Planning

- Reflects the priorities of Contra Costa Health to meet our Regulatory and service requirement for the hospital care clinics.
 - Quality
 - Care experience
 - Access to care
 - Financial strength

Comment(s):

Supervisor Gioia- On care transitions what is our current performance?

Dr. Shah- We're tracking about 60% with our target being 64% with the 81st percentile.

Supervisor Gioia – Is there a reason why it's not 100% we're not at goal?

Dr. Shah- Various reason why transitions don't happen such as system issues, not being able to appoint the patient to a time when there available to join in teleconference call or visit post discharge. Sometimes it's patient specific they don't make the appointment for reasons of not being able to show up physically or on phone as other things going on in their life. We do try to follow up and have teams prepared to interact with patients the best as we can but not always successful due to the mentioned reason that sometimes get in the way of that.

Supervisor Gioia- When the Health Department do the annual report on measure X you should show the metrics of how measure X funding improved the operation. Have a specific report to have reported to the board. Can you do that?

Supervisor Glover – Yes, agree.

S. Shah – Yes, will be able to show. A lot of things are to still to be determined once some of the infostructure gets built, but we will be able to show the information we have.

No other questions.

Inform

B. HR Working Group

- CCH Hiring Improvement Updates
- Dashboard Metrics
 - Data Source: NeoGov
- Labor MOU change request in progress
- Virtual I-9 Verification
 - Remote verification Enable.
 - Efficiency Goal
 - Contract Update

The county is starting offer a new remote verification for process for I-9 for candidates. The new process we have available countywide implemented will be ready in August 2024 with the federal approval. Candidates will receive notice they can complete a form online and will be able to click the link or given the option to choose to do so in person.

Supervisor Glover – Could speak more about the I-9? This a certification?

Ann E. – The I-9 is when they individuals come in to present their authorization to work documents and they will be able to do that completely remotely.

Supervisor Gioia- For health department this allows a quicker process for applications?

Jaspreet B. – Yes.

Ann E.- Communication to the candidate what we learned has we had all these meetings which both with the health group which have been a great springboard to look at county wide and initiatives as well. What we see is the majority of the delays is the I-9 completed is on candidate who's taking a long time to schedule their appointments. The risks still exist if the candidates wait to initiate their online appointment. To increase compliance on the candidate side is to modify the communication that's going to the candidates to remind them how important it is to get this done in timely manner for both finger printing and I-9 verification.

Labor agreements:

- Areas that are achievable right now to speed things up have to do with our Teamster Local 856 who represents SERVs support type staff. Currently we have a bid process that limits the number of bidders that we get. Receiving a longer list allows the supervisor to select for more people which should help speed things up. Also, to standardize the bid posting timelines to 5 days across the board.
- Working on side letters

C. Hospital Operations update – Dr. Urcuyo

<ul style="list-style-type: none"> ○ Medical Admission <ul style="list-style-type: none"> ▪ FY 2023/2024 700 over the average ○ IP Psych Admissions ○ Emergency Department Visits <ul style="list-style-type: none"> ▪ Volumes consistently higher in 2024 than 2023 ○ Psychiatric Emergency Visits ○ Psychiatric Emergency Length of Stay <ul style="list-style-type: none"> ▪ Improvement - Significant reduction 2023-2024 <p>D. Ambulatory care access update – Dr. Sullivan</p> <ul style="list-style-type: none"> ○ Measures to Improve Access: <ul style="list-style-type: none"> ○ Recruitment <ul style="list-style-type: none"> ▪ Engaged with county recruiting agency Spin ▪ Direct mailing to number primary care providers in Contra Costa area ▪ Engaged with specialty recruitment for needed Specialist ○ Clinic Backfill <ul style="list-style-type: none"> ▪ Temporary coverage for planned provider absences ○ Engaging Assigned but not Served Patients <ul style="list-style-type: none"> ▪ As of May 2024, 45,000 CCHP Medi-cal members who were assigned to CCRMC/HC but had not accessed CCRMC/HC services in the prior 12m+. ○ Ambulatory Care Redesign (ACR) 2.0 – Dr. Sandler Changing the structure of an existing meeting that been here for 10-12 years of refocus improvement work increase access to care. Less recording out and more time develop ideas and solutions for some of our challenges. Our focus on Primary Care Access, Specialty Care Access, Population Health, and Alternative Care Models under the guidance of improvement Advisor Dennis Deas. <p><i>Supervisor Gioia – asked to explain” looking to create disease pathways and tools to “treat” patients without a doctor’s appointment.”</i></p> <p><i>Dr. Sandler – Referred to her own practice example of when in clinic and treating patients with diabetes for high sugars not controlled. I’m seeing them back every 4 weeks to readjust their medicines and insulin. We have been starting to think about who else may be to help possibly a pharmacist or develop protocols and procedures for RN to help or visit with Patient Education Nurses or Dietitian to help address their diet to free up future appointment with providers by leveraging all the members of the healthcare team.</i></p> <p>No public comment.</p>	
---	--

<p>V. Finance Update Pat Godley, Chief Financial Officer, Contra Costa Health</p> <p>A. Financial update</p> <p><i>Supervisor Gioia – exarate when you say potential 52 million net county cost surplus, you roll that over to next year?</i></p> <p><i>Pat G.-Yes, that will fall into our unrestricted funded balance handled as amounts needed for capital will be drawn down capital being one time item to match that up to other one time revenues.</i></p> <p><i>Supervisor Gioia- What’s other decreased revenue?</i></p> <p><i>Pat G.- It’s private pay through the Interdepartmental Department (ID) charges other county charges that must get enrolled in that.</i></p> <p>No public comment.</p>	<p>Inform</p>
<p>VI. MEDICAL STAFF UPDATE Sarah McNeil, M.D., Medical Staff President</p> <p>A. Consent: Patient Care Policies for CCRMC/HCs</p> <ul style="list-style-type: none"> • Infection Control Policies • Nursing Policies • Pharmacy Policies <p>B. Consent: Medical Staff Bylaws 2024</p> <p><i>One Public Comment: (2 minutes given)</i></p> <p><i>Roxanne Garza – Informed that didn’t see a policy around basic health care but wanted to say that have been in conversation with the health department around the basic health care policy coming to this group and hope to continue to have conversation with the health department and finance department around that policy. Not seeing it on the spreadsheet or verbal presentation wanted to alert Supervisor Glover and Supervisor Gioia that we do hope to see that policy come before this body.</i></p> <p><i>Supervisor Gioia- These are policies not on who we serve more on operations. These are more medical quality polices.</i></p> <p><i>L Schilling – the Basic Healthcare Policy did not make it to this meeting but will be available at the next JCC.</i></p>	<p>Motion: By Glover Seconded: Bhandari</p> <p>Ayes: Glover, Gioia, Bhandari, Carcamo-Molina</p> <p>Abstain: None</p>
<p>VII. SAFETY AND QUALITY UPDATES Lisa Schilling, RN, Chief Quality Officer Courtney Beach, M.D., Medical Director Quality</p> <p>A. Regulatory update</p> <ul style="list-style-type: none"> ○ Audit & Inspections DHCS (Site visits) ○ Licenses ○ All Facilities Letter (AFL) <ul style="list-style-type: none"> ▪ AFL 24-03, effective 1/1/24 Confidential Medical Information Act (CMIA) ▪ AFL 24-04 	<p>Inform</p>

<ul style="list-style-type: none"> ▪ AFL 24-06 ○ CCRMC 2024 Anticipated Events <ul style="list-style-type: none"> ▪ Surveys - CDPH and The Joint Commission’s Lab ○ Renewals – CCRMC’s Pharmacy inpatient, Pharmacy inpatient sterile compounding, Pharmacy outpatient, and General Acute Care Hospital <p><i>Supervisor Glover- Request to drop the letter h on the word Pittsburg in the presentation slide for correct spelling of Pittsburg the city in Contra Costa.</i></p> <p>B. QIP</p> <ul style="list-style-type: none"> ○ 40 measures identified for high performance to qualify for waiver program payment (approx. \$170M) ○ QIP Performance Measure Categories ○ 2023 Exceeded QIP Performance Standards ○ QIP PY6 Performance Summary ○ CCRMC 2023 Awards <ul style="list-style-type: none"> ▪ Performance Reliance award in Quality ▪ Synergy Award <p>No public comment.</p>			
<p>VIII. Adjourn at 2:12 PM</p>	<p>Inform</p>		
<p>IX. NEXT MEETING: November 14, 2024</p>			
<p>Minutes approved by Chair: Supervisor John Gioia, District I</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p>_____</p> <p style="text-align: center;">Supervisor John Gioia</p> </td> <td style="width: 50%; border: none;"> <p>_____</p> <p style="text-align: center;">Date</p> </td> </tr> </table> <p style="text-align: right;">Minutes by Corticha Flucus</p>		<p>_____</p> <p style="text-align: center;">Supervisor John Gioia</p>	<p>_____</p> <p style="text-align: center;">Date</p>
<p>_____</p> <p style="text-align: center;">Supervisor John Gioia</p>	<p>_____</p> <p style="text-align: center;">Date</p>		

**Consent Agenda for Joint Conference Committee
July - October 2024**

Biomedical

Policy/Procedure	Department/Policy Name	New (N) Revised (R) Retired (Ret)	Significant Change? (Y) (N) (N/A)	Brief Description
Policy	After-Hour-Emergency Support	R	N	This policy outlines the proper procedure for reporting malfunctions to Medical Equipment Department during off-hours.
Policy	Committee Membership	R	N	By actively participating on various hospital committees, Equipment Management can pursue rational and objective criteria for performance, safety, cost effectiveness, and utilization of medical equipment.
Policy	Device Inclusion Criteria	R	N	To systematically assess and control the clinical and physical risks of fixed and portable medical equipment used for the diagnosis and treatment of patients.
Policy	Device Modifications	R	N	To prevent the unnecessary modification of manufactured equipment used in the delivery of patient care.
Policy	Disaster Preparedness	R	N	To respond and assist Contra Costa Regional Medical Center as appropriate and necessary in the event of an emergency such as fire, transportation accident(s), act of nature, epidemic, or other emergency resulting from a disaster.
Policy	Documentation Methodologies	R	N	To maintain a current, accurate, and separate inventory of medical equipment regardless of ownership.
Policy	Education Training Performed	R	N	The Medical Equipment Department, often in conjunction with the Education and Training Department, will assess the need for, and participate in, the education of hospital staff on the safe and proper use or support of medical equipment.
Policy	Education Training Received	R	N	Reasonable effort will be made to retain and enhance the general knowledge, skills, and behavior of personnel that provide technical and clinical support of medical equipment. In part, equipment technology and its relative demands along with the initial and on-going competency assessment of personnel will assist in both identifying and evaluating areas of opportunities and often measurable outcomes from actions taken on an individual basis.
Policy	Electrical Safety Testing II	R	N	It is the Policy of the Contra Costa Regional Medical Center, to test all incoming and Medical Equipment for Electrical Safety. Electrical safety tests shall be performed whenever medical equipment undergoes incoming or reactivated inspections, undergoes invasive repair, receives planned maintenance, or is subjected to concerns regarding safety.

Policy	EMERGENCY RESPONSE BACKUP EQUIPMENT	R	N	To clarify end-user expectations of Medical Equipment, support and the availability and access to patient-care equipment during equipment failures or emergency situations.
Policy	EQUIPMENT ACTIVITY- FAILURE ANALYSIS REPORTING	R	N	To identify and communicate medical equipment activities and related failure analysis to interdisciplinary staff for the purposes of enhancing the delivery of patient care.
Policy	Equipment Management Goals and Objectives II	R	N	Each year, the Medical Equipment Management Department will review previous and generate new and specific goals and objectives desirable of achievement. The goals and objectives will be consistent with organizational and departmental mission statements reflecting a desire to improve patient care.
Policy	Equipment Management Mission Statement	R	N	The purpose of the Medical Equipment Management Plan is to support a safe patient care and treatment environment at the Contra Costa Regional Medical Center by managing risks associated with the use of clinical equipment and technology.
Policy	Equipment Management Programs	R	N	The mission is to ensure that equipment used in patient care is safe, available accurate, and affordable. The scope of this plan is for Contra Costa Regional Medical and their off-site facilities.
Policy	Hazardous Substance SDS Sheets	R	N	To inform staff about the safety aspects of important data and its relative location for chemicals/compounds used on the job.
Policy	NON-HOSPITAL OWNED EQUIPMENT	R	N	To ensure that non-hospital owned equipment (rental/loaner/demo/employee/and patient owned) is electrically, operationally, and environmentally safe.
Policy	Obtaining Dept Services	R	N	To ensure the availability of technical and clinical support to end-users of medical equipment during or after normal business hours during emergency situations
Policy	Preventative Maintenance II	R	N	The Medical Equipment Department has implemented a comprehensive preventive maintenance program that regularly verifies the performance, safety, and the reliability of inventoried medical equipment. For select inventoried items, preventive maintenance is scheduled at intervals based, in part, upon the following criteria: classification (High-Risk, etc.) functionality, physical risks, maintenance requirements, and incident history.
Policy	Repair Corrective Maintenance Requests	R	N	To compliment the quality of delivered care by offering technical and clinical support for medical equipment on-demand to equipment end-users.
Policy	STAFF COMPETENCY	R	N	The Medical Equipment Department will assess the competency of personnel that provide technical and clinical support of medical equipment. Assessment will be performed upon initial employment and periodically thereafter.

**Consent Agenda for Joint Conference Committee
July - October 2024**

Environmental Services

Policy/Procedure	Department/Policy/Procedure Name	New (N) Revised (R) Retired (Ret)	Significant Change? (Y) (N) (N/A)	Brief Description
100	EVS Policy for Department's Responsibilities	R	N	To provide a departmental overview of the Environmental Services Department to align with the needs of the facility. This document will outline the responsibilities of the Environmental Services Department in regard to oversight of areas within CCRMC.
201	EVS Policy for EVS Job Description	R	N	Under general direction, to plan, coordinate, direct and administer the Environmental program of the Health Services Department. Program areas include biohazardous waste and hazardous waste.
202	EVS Customer Relations	R	N	To establish a definition of understanding of duties, obligations and responsibilities for the Environmental Services Department. Environmental Services will establish routine for consistent and proper engagement with all patients, visitors and staff members.
203	EVS Policy for Dress and Grooming	R	N	It is important for the general welfare at the hospital that each employee present good appearance to patients and the public.
204	EVS General Policies	R	N	The policies outlined in this section apply to all personnel in the Housekeeping Department. No changes or exceptions may be made without the knowledge and approval of the Director, Housekeeping. Violation of any of these policies may result in disciplinary action.
207	EVS Policy for Sick Leave	R	N	The purpose of paid sick leave is to insure employees against loss of pay for temporary absences from work due to illness or injury. It is a benefit extended by the County and may be used only as authorized.
208	EVS Policy for Keys and Pagers	R	N	To ensure that keys and pagers are maintained and issued only to authorized personnel. Adequate records will be kept within the department and reviewed at least annually.
211	EVS Policy for Staffing	R	N	The Housekeeping Department is staffed with many full time Aides, under the direction of the Director, Housekeeping and the Housekeeping Supervisors.
212	EVS Policy for Low Census Staffing	R	N	In the event of low census periods of below 72% occupancy a plan will be implemented to reduce employee-staffing levels to compensate for the decreased productivity requirements and to prevent any lay-off of personnel.
213	EVS Policy for Patient Valuables and Clothing	R	N	While in the performance of your duties you will occasionally find articles of clothing, jewelry etc. that may belong to a previous patient or visitor. This document provides guidelines on what to do when these things occur.
301	EVS Policy for Quality Control Plan	R	N	To evaluate the effectiveness of our cleaning methods, frequencies of cleaning and personnel performance, a continuous system for inspecting all areas of the hospital must be carried out. This quality program evaluates the cleanliness, neatness, and patient room functions within assigned areas selected at random for room audits.

**Consent Agenda for Joint Conference Committee
July - October 2024**

Environmental Services

302	EVS Policy for Quality Improvement Plan	R	N	To provide a consistent mechanism for assuring and maintaining a high level of disinfection and cleanliness throughout the hospital and clinics.
303	EVS Policy for Inspection of my Work (7 Step Program)	R	N	Following the 7-Step cleaning process, the housekeeper is required to inspect their work. All tasks can be performed in a clockwise or counterclockwise manner, checking all they have cleaned, and supplies replenished.
304	EVS Policy for Inspection Criteria for Housekeeping	R	N	As part of the 7-Step cleaning process, the housekeeper is required to inspect their completed tasks. The tasks can be performed in a clockwise or counterclockwise manner, checking all they have cleaned, or items replenished.
406	EVS Policy for Fire Plan and Evacuation	R	N	All fires must be reported immediately by sounding the building alarm. Hospital personnel hearing the audible signal will immediately proceed to execute their individual duties.
407	EVS Policy for Fire Plan (Department Policy)	R	N	To inform all departmental personnel of their responsibilities during a fire and to minimize any type of loss due to a fire. The PBX Operator shall notify all on duty personnel by announcing over the PA SYSTEM – CODE RED followed by the location.
408	EVS Policy for Fire Prevention and Protection	R	N	To ensure a systematic process for the Environmental Services Department in case of fire within CCRMC. Environmental Services Personnel will be trained and are expected to know and follow the suggested Fire Prevention Rules listed below.
410	EVS Policy for CCRMC & Clinics Emergency Action Plan	R	N	To provide a response plan for staff in the Environmental Services Department (EVS) for internal and external disasters.
411	EVS Policy for Housekeeping's Role in Safety	R	N	To have a clear understanding of expectations and standards involving housekeeping, reporting observations, and correcting findings. Housekeepers need to be aware of their responsibilities to all who enter the building to prevent many accidents and provide a preventative measures system to provide a safe environment.
415	EVS Policy for EVS Safety Statement	R	N	To address the accountability of assigned duties, responsibilities, or tasks of each employee. To provide a safe working condition and safe work-oriented practices designed to eliminate or reduce to the extent possible any unsafe condition or unsafe practices.

**Consent Agenda for Joint Conference Committee
July - October 2024**

Facilities

Policy/Procedure	Department/Policy/Procedure Name	New (N) Revised (R) Retired (Ret)	Significant Change? (Y) (N) (N/A)	Brief Description
101	Facilities' Policy for the Facilities Management Department Mission Statement	R	N	In support of the vision, values and goals of CCC Health Services, the Facilities Management Department will provide reliable, safe and high-quality facility maintenance and operations services to serve the medical and support staff at CCRMC and Health Centers.
105	Facilities' Policy for Library of Testing, Maintenance, & Inspection Procedures	R	N	It is the policy of the CCRMC and Health Centers to maintain libraries of information regarding inspection, testing, and maintenance of the various types of equipment, components of utility systems, and fire protection equipment.
110	Facilities' Policy for Appointment of a Safety Officer	R	N	It is the policy of CCRMC and Health Centers to appoint a safety officer charged with implementing, evaluating and monitoring the Safety Management Plan.
115	Facilities' Policy for Library of Information	R	N	It is the policy of CCRMC Facilities Management to have a library of information regarding inspections, testing, and maintenance of its equipment and systems.
118	Facilities' Policy for Assessment of Construction Activities (PRA)	R	N	CCRMC and Health Centers will make every effort to minimize disruption and impact related to the construction process that could affect patient care, treatment, and service. When demolition, renovation, modification, or other construction activities are planned or undertaken, a team of qualified members selected from the organization will assess the impact of the work on organization activities.
120	Facilities' Policy for Risk Assessment for Safety & Security	R	N	It is the policy of CCRMC Facilities Management to conduct a risk assessment of the physical environment and to evaluate hazards and develop protective measures associated with various tasks performed in each environment within the hospital, off-site facilities and campus grounds. The assessment is used to evaluate the risks in the environment of care and establish the appropriate controls or measures to limit the impact on the ability of the organization to perform clinical and business activities.
125	Facilities' Policy for Action to Minimize Safety & Security Risks	R	N	It is the policy of CCRMC Facilities Management Dept. to take action to minimize or eliminate safety and security risks in the physical environment of the facility.

**Consent Agenda for Joint Conference Committee
July - October 2024**

Facilities

126	Facilities' Policy for Portable Space Heaters	R	N	It is the policy of CCRMC Facilities Dept. to take action to minimize or eliminate safety and security risks associated with space heaters.
130	Facilities' Policy for Maintaining Grounds & Equipment	R	N	It is the policy of CCRMC and Health Centers to maintain the grounds and equipment by routine maintenance and seasonal activities.
131	Facilities' Policy for Lock Out Tag Out Procedure	R	N	This establishes a CCRMC and Health Centers policy for protecting employees who must do service or maintenance on machines or equipment and who could be injured by an unexpected start-up or release of hazardous energy. This policy will ensure that machinery or equipment is stopped, isolated from all hazardous energy sources, and properly locked or tagged out.
135	Facilities' Policy for Identification of Individuals Entering a Facility	R	N	In accordance with regulatory requirements, it is the goal of CCRMC and Health Centers is to establish a safe environment by requiring that all authorized volunteers, employees, visitors, patients, independent contractors, and vendors have appropriate identification. All CCRMC and Health Centers employees and medical staff must visibly wear their hospital photo I.D. badge, with picture and name clearly visible, at all times while at the facility.
140	Facilities' Policy for Access to Security Sensitive Areas	R	N	It is the policy of CCRMC and Health Centers to define and identify security Sensitive Areas within the institution that may require special attention and programs due to unique security issues that could potentially adversely affect these areas.
145	Facilities' Policy for Product Recall	R	N	CCRMC and Health Centers wants to ensure the safest possible daily operation and functions of the facility with quality products and equipment so as to avoid death, injury, or illness due to the failure, poor design, or lack of quality in a product or equipment. This policy will help to assure that a process exists to address these matters.
149	Facilities' Policy for CCRMC and Health Center Rounding	R	N	It is the policy of CCRMC and Health Centers to have a multidisciplinary team periodically round at all locations listed on our CDPH license. This is to ensure compliance with state and federal guidelines.
150	Facilities' Policy for NFPA 99-2012 Risk Based Approach	R	N	It is the policy CCRMC and Health Centers to use a Risk Based Approach to determine the level of protection or type of system provided.

**Consent Agenda for Joint Conference Committee
July - October 2024**

Facilities

155	Facilities' Policy for Managing Hazardous Energy Sources	R	N	CCRMC and Health Centers will manage hazardous energy sources in a safe manner and in accordance with all appropriate regulations and best practices
160	Facilities' Policy for Managing Hazardous Gases & Vapors	R	N	It is the policy of CCRMC and Health Centers to comply with local, state, and federal laws in the selecting, handling, using, storing, transport, and disposal of hazardous gases and vapors.
166	Facilities' Policy for Safety and Emergency Management Training	R	N	It is the policy of CCRMC and Health Centers to develop and train staff responsible for safety, security and emergency management. Target staff for this policy is Safety and Disaster Preparedness Coordinators, Ambulatory Care Clinic Coordinators and Center Managers.
170	Facilities' Policy for Disposal of Trash	R	N	It is the policy of CCRMC and Health Centers to comply with local, state, and federal laws in the storage and disposal of trash. For the purpose of this policy Trash/Garbage/Municipal Solid Waste (MSW) is considered to include but not be limited to non-hazardous items such as paper, plastic wrappers, unused medical products & supplies, PPE (worn, slightly soiled) i.e., gloves, gowns, and food products.
180	Facilities' Policy for Designing & Installing Utility Systems	R	N	It is the policy of CCRMC and Health Centers to design and install utility equipment that best meets patient care and operational needs. This is accomplished through a proactive approach of evaluating & selecting the best quality and most cost effective equipment utilizing qualified personnel for determining appropriate utility needs, designing well engineered and suitable mechanisms for utility provision, and assuring the safe operation of all new and existing equipment via aggressive adherence to a detailed preventative maintenance program.
185	Facilities' Policy for Utility Systems Inventory	R	N	CCRMC and Health Centers maintains a written inventory of all operating components of the utility system. All new operating components of the utility system will be added to the inventory prior to initial use.

**Consent Agenda for Joint Conference Committee
July - October 2024**

Facilities

190	Facilities' Policy for Maintenance, Inspection, & Testing Activities, & Frequencies	R	N	CCRMC and Health Centers identifies in writing the activities used for maintaining, inspecting, and testing all of the operating components of the utility system on the inventory used for patient care and safety. These activities and associated frequencies are in accordance with manufacturers' recommendations or with strategies of an alternative equipment maintenance (AEM) program.
195	Facilities' Policy for Maintenance Strategies & Frequencies	R	N	It is the policy of CCRMC and Health Centers to conduct the inspection, testing, and maintenance activities on all of the medical equipment on the inventory based appropriate criteria.
200	Facilities' Policy for Testing of High Risk, Infection Control & Non-High Risk Utility Components	R	N	CCRMC and Health Centers inspects, tests, and maintains all High-Risk, Infection Control and Non-High Risk utility system components on the inventory.
205	Facilities' Policy for Criteria for Alternate Operations of Utility Systems	R	N	It is the policy of CCRMC and Health Centers to use criteria for the safe operating of utility systems that will be maintained using an alternative method.
210	Facilities' Policy for Identification of AEM Components	R	N	It is the policy of CCRMC and Health Centers to identify operating components of the utility systems inventory that are included in an alternative equipment maintenance program.
215	Facilities' Policy for Labeling for Emergency Shutdown	R	N	It is the policy of CCRMC and Health Centers to label the control values for the partial or complete emergency shutdown of the utility systems. The location of controls for shutdown will be clearly identified on maps of the utility systems and in the area of the control in the facility.
220	Facilities' Policy for Utility Systems Failure & Emergency Response	R	N	It is the policy of CCRMC and Health Centers to respond to a utility systems disruption, when appropriate.
225	Facilities' Policy for Utility Emergency Repair Service Contacts	R	N	It is the policy of CCRMC and Health Centers to have trained personnel on duty 24 hours per day. These personnel, although very qualified, may not have the expertise to handle all problems for all occasions.
230	Facilities' Policy for Electrical Power Disruption	R	N	It is the policy of CCRMC and Health Centers that in the event of an electrical power system failure supplied by the electrical distribution company and/or the failure of emergency power backups that are supplied by fuel-operated, internal combustion engine generators that the impact on patient care will be evaluated and appropriate actions taken.

**Consent Agenda for Joint Conference Committee
July - October 2024**

Facilities

231	Facilities' Policy for Hospital Grade Receptacles	R	N	It is the policy of CCRMC and Health Centers to test hospital-grade receptacles in accordance with NFPA 99-2012. To ensure that hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered are tested after initial installation, replacement, or servicing.
235	Facilities' Policy for Utility Disruption HVAC Failure	R	N	It is the policy of CCRMC and Health Centers that in the event of a Heating (Boiler) or Air Conditioning (Chiller) loss due to a failure of the operating system of utility failure the impact on patient care will be evaluated and appropriate actions taken.
240	Facilities' Policy for Utility Disruption Medical Gas Failure	R	N	It is the policy of CCRMC and Health Centers that in the event of a medical gas system supplied by the bulk and reserve tanks that supply dedicated oxygen and nitrous oxide lines in the patient rooms and the vacuum system that supply dedicated vacuum lines in the patient rooms and OR's the impact on patient care will be evaluated and appropriate actions taken.
245	Facilities' Policy for Utility Disruption Natural Gas Failure	R	N	It is the policy of CCRMC and Health Centers that in the event of a natural gas system supplied by the local natural gas distribution company that supplies the fuel-operated boilers, water heaters and kitchen cooking equipment. The impact on patient care will be evaluated and appropriate actions taken.
250	Facilities' Policy for Utility Disruption Sewer and Water Failure	R	N	It is the policy of CCRMC and Health Centers that in the event of a sewer or back up of sewer affecting patient care, a direct loss of water (domestic) from local providers or an event of too much water such as flooding from costal, levees, dams or area water ways or break in water lines causing internal flooding. The impact on patient care will be evaluated and appropriate actions taken.
255	Facilities' Policy for Utility Disruption Pneumatic Tube Failure	R	N	It is the policy of CCRMC and Health Centers that in the event of a Pneumatic Tube failure the impact on patient care will be evaluated and appropriate actions taken.

**Consent Agenda for Joint Conference Committee
July - October 2024**

Facilities

260	Facilities' Policy for Minimizing Pathogenic Biological Agents	R	N	It is the policy of CCRMC and Health Centers to minimize pathogenic agents in cooling towers, domestic hot-and cold-water systems, and other aerosolizing water systems. Equipment that operates with water that can be aerosolized (e. g., cooling towers, faucets, showers, fountains, pools, spas) may become contaminated with potentially infectious biological agents even though the equipment is operated within the manufacturer's guidelines.
270	Facilities' Policy for Monitoring Waterborne Organisms	R	N	To provide guidance for monitoring the domestic and open water systems suspected of being the source of a waterborne organisms in the water system in the healthcare facility. Prompt investigation and testing to determine the source of waterborne pathogens is essential to minimizing the impact on patient care activities.
290	Facilities' Policy for Environment of Care Committee	R	N	It is the policy of CCRMC and Health Centers to establish an Environment of Care committee (EOC) to monitor and evaluate the environment of care data. The Committee will also analyze the data and define opportunities for improvement for the issues.
310	Facilities' Policy for Labeling Hazardous Material Waste	R	N	It is the policy of CCRMC and Health Centers to assure that all containers are properly labeled identifying content and hazard warnings, to ensure that the correct use and handling of each container occurs, and to reduce the potential for an accident or exposure.
430	Facilities' Policy for Life Safety Drawings	R	N	It is the policy of the CCRMC and Health Centers to maintain an up-to-date copy of Life Safety Drawings.
440	Facilities' Policy for Interim Life Safety Policy	R	N	It is the policy of CCRMC and Health Centers to assure the safety of all building occupants during periods of construction or when deficiencies compromise the level of life safety protection provided by the building by implementing the appropriate Interim Life Safety Measures (ILSM).
450	Facilities' Policy for Action to Address Pager System Downtime	R	N	It is the policy of CCRMC Registration Dept. to take action to respond to Pager System downtimes. A process is established to develop a procedure and assign responsibilities to respond to a CCRMC American Messaging Pager system downtime.

**Consent Agenda for Joint Conference Committee
July - October 2024**

Facilities

605	Facilities' Policy for EOC Management Plans	R	N	The Environment of Care Management Plans describe the current management activities in place to achieve the lowest potential for adverse impact on the safety and health of patients, staff, and visitors coming to the organization's facilities. Environment of Care Management Programs rely on applicable laws, regulations, codes, standards, and current regulatory requirements from the Joint Commission.
606	Facilities' Policy for the Emergency Operations Management Plan	R	N	The Emergency Operations Management Plan relies on applicable laws, regulations, codes, standards, and current regulatory requirements from the Joint Commission. This plan covers activities performed in the various locations of the organization, including the hospital campus and clinics.
705	Facilities' Policy for the Annual Review of EOC Management Plans	R	N	It is the policy of CCRMC and Health Centers to conduct an annual evaluation covering the six areas of the Environment of Care (EOC) within 60 days of the end of the calendar year and provide a copy of the findings to the EOC Committee for review within 90 days.
706	Facilities' Policy for Annual Review of Emergency Management Plan	R	N	It is the policy of CCRMC and Health Centers to conduct a biennial evaluation of the emergency operations plan and management plan within 60 days of the end of every other calendar year and provide a copy of the findings to the EOC Committee for review within 90 days.

**Consent Agenda for Joint Conference Committee
July - October 2024**

Hospital Policies

Policy/Procedure	Department/Policy/Procedure Name	New (N) Revised (R) Retired (Ret)	Significant Change? (Y) (N) (N/A)	Brief Description
161	Policy for Resource Allocation	R	N	It is the policy of Contra Costa Regional Medical Center (CCRMC) and Health Centers to develop a resource allocation plan to prioritize and control the use of limited financial, space, and capital equipment resources including the procurement of fixed assets.
164	Policy for Access to Hospital and Clinical Buildings	R	N	It is the policy of Contra Costa Health Services Department to provide a safe and secure environment for staff to work in. Doors protected with electronic access allow that only staff with the proper badge access or door code can access that protected area.
178	Policy for Communication Plan Regarding Emergent Closure of Clinics	R	N	It is the policy of CCRMC and CCHC that the closure or evacuation of a health center will be widely and appropriately communicated.
179	Policy for Basic Health Care (BHC) Program Regulations	R	Y	The purpose of this policy is to outline the process for determining and granting eligibility for the BHC Program for uninsured residents of Contra Costa County.
301	Policy for Maintenance Request/Work Orders	R	N	It is the policy of Contra Costa Regional Medical Center (CCRMC) and Contra Costa Health Centers (CCHC) that the Facilities Maintenance Department be responsible for the safe and efficient operation of all utility systems serving the medical center and health center sites. In addition, all buildings and grounds will be maintained to ensure the safety and comfort of
303	Policy for Chemical Respiratory Protection	R	N	This policy ensures to protect Contra Costa Regional Medical Center employees from respiratory hazards from airborne chemical contaminants.
304	Policy for Use of Hospital and Health Centers Facilities	R	N	This policy specifies the conditions under which recognized employee organizations may be allowed use of the county meeting areas, equipment and bulletin boards; the conditions under which representatives of the organizations may be allowed access to work areas; and the guidelines for permitting representatives of these organizations to distribute literature in County buildings and/or work areas.

Hospital Policies				
Policy/Procedure	Department/Policy/Procedure Name	New (N) Revised (R) Retired (Ret)	Significant Change? (Y) (N) (N/A)	Brief Description
305	Policy for HSD Hazard Communication Program	R	N	This policy ensures providing a safe and healthful working environment for all of our employees. Hazard Communication Program is being conducted to ensure that all workers whose jobs involve the handling and storage of hazardous chemicals are not only fully aware of all of the hazardous chemicals involved, but that they are thoroughly trained to perform their jobs safely.
306	Policy for Purchasing, Transfer, Salvage, and Annual Inventory of Capital Equipment	R	N	It is department policy to handle the purchasing, transfer, salvage, and annual inventory of capital equipment in a fully accountable manner and in accordance with current county policies and directives.
307	Policy for Hazardous Substance and Medical Waste Program	R	N	This policy ensures that the facility of CCRMC and CCHC comply with all applicable laws and regulations related to Hazardous Waste and Medical Waste, minimize worker risk of occupational injury, maximize workers' efficiency and significantly reduce the volume of waste generated. Sub-sections A and B under section V are separate procedures for Hazardous Waste and Medical Waste.
308	Policy for Hazardous Materials Chemical Spill/Leak	R	N	Only persons who have reviewed SDS, are familiar with the chemical and its hazards and who have been trained, can perform chemical spill clean-up. This is not usually Environmental Services Staff, but rather will usually be the user of the chemical.
341	Policy for Device and Product Alert Notifications	R	N	Periodically, device, and product alert reports are received from ECRI and other agencies and manufacturers notifying the hospital and health centers of device or product deficiencies. The Equipment Management Department should receive these notifications, and in conjunction with various department managers, determine if a hospital or health centers device or product is affected. Corrective action will be initiated as dictated by the urgency of the notification.
345	CCRMC & HC Policy for Capital and Non-Capital Product Evaluation and Standardization	R	N	The committee will provide oversight of standardization processes by reviewing proposed purchases of new medical supplies; medical equipment and other products that can affect the quality of patient care and associated outcomes.

Hospital Policies				
Policy/Procedure	Department/Policy/Procedure Name	New (N) Revised (R) Retired (Ret)	Significant Change? (Y) (N) (N/A)	Brief Description
350	Emergency Management Program	R	N	This document includes emergency management leadership, hazard vulnerability analysis, emergency operations plan, continuity of operations, disaster recovery, staff education and training, testing the emergency operations plan, and evaluation of the emergency management program.
357	Policy for Role of Deputy Sheriff at Hospital and Health Center Sites	R	N	To define the role of the Deputy Sheriff at CCRMC and HCs. Criminal behavior will not be tolerated and may be prosecuted.
360	Policy for Security Program	R	N	It is the policy of the Contra Costa Regional Medical Center and Health Centers to provide adequate security to patients, clients, staff, and property through the Department's Security Program. The primary mission of the Security Unit is to protect persons and secondarily to protect property.
366	Policy for Recycling	R	N	It is the policy of Contra Costa Regional Medical Center and Contra Costa Health Centers that all recyclable materials be handled in accordance, and be in compliance, with state regulatory requirements.
371	Policy for Capital Procurement Process	R	N	It is the policy of CCRMC/HC that the Capital Equipment Committee is responsible for overseeing the capital equipment approval and purchase process. All requests for capital equipment are required to go through this process to assure thorough vetting occurs prior to purchase.
372	Policy for Pressing Charges Against Patients who Assault Others	R	N	To provide guidelines to determine when and how to press charges against patients who intentionally commit violent acts against other patients or staff members.
711	Policy for Patient Care Communication	R	N	Communication between members of a healthcare team is critical to support effective patient care. Staff should use the appropriate mode of communication based on the urgency of the clinical situation. This policy guides staff in the appropriate and acceptable ways to use communicate regarding the care of patients who are in the hospital.

Hospital Policies				
Policy/Procedure	Department/Policy/Procedure Name	New (N) Revised (R) Retired (Ret)	Significant Change? (Y) (N) (N/A)	Brief Description
714	Policy for CCH Clinical Information Systems Downtime	R	N	To provide safe patient care, staff will follow defined procedures for downtime notification, Admit, Discharge and Transfer (ADT) reconciliation, and clinical documentation when ccLink and/or any related CCH IT system is unavailable due to planned or unplanned downtime. CCRMC Inpatient and Ancillary Departments, Ambulatory Health Centers, Detention Centers, Public Health, Behavioral Health and CCHP Advice Nurse will follow a detailed process for capturing and recording data on appropriate forms during the downtime and entering that data into ccLink in the recovery period.



Basic Health Care Policy Revision – Collaboration with Community

- Thank you to the One Contra Costa Coalition for your partnership!
- Year-long process with community leaders to assure equity
- Make it easier to access and for patients and community-based organizations to understand how the program works
- More collaboration will follow to revise procedures and FAQs for community members, delivery system partners and CBOs to understand how to address financial hardship application, get reduced fees, reapplication, etc.

Updates to the BHC policy

- Added “documentation status” to non-discrimination statement
- Removed “asset test” to eligibility review and requirements
- Gross income determination follows federal tax guidelines
- Health partnership fee (above 200-300%FPL) annual and billed at end of program year
- Added notifications for loss of eligibility, disenrollment, and program changes
- Added “or designee” to decision making by CFO, Health Director and CMO
- Added BHC formulary to covered medications for program
- Noted that “screening” language is in the policy for BHC (e.g. MediCal application is not required for those initially screened as ineligible)

**Consent Agenda for Joint Conference Committee
July - October 2024**

Rehabilitation

Policy/Procedure	Department/Policy/Procedure Name	New (N) Revised (R) Retired (Ret)	Significant Change? (Y) (N) (N/A)	Brief Description
Rehab 101	Policy for Staff Competency	N	N	Outlines and summarizes the methods used to ensure competency of all rehab staff.
Rehab 102	Policy for Performance Standards Registry	N	N	To ensure Registry Therapists provide high quality patient care as per CCRMC and Rehab expectations. Reviews the contractual agreement between Rehab and the Registry companies.
Rehab 103	Policy for Performance Evaluation Registry	N	N	Provides a mechanism of feedback to Contracted Registry companies regarding therapists performance. Outlines the methods of providing feedback to Registry therapists.
Rehab 106	Policy for Student Training Program	N	N	Establishes specific guidelines to ensure adequate training for Rehab Therapy students (OT,PT,ST,PTA) on affiliations through contracted schools with CCRMC.
Rehab 203	Policy for Treatment Protocols (Standards of Care)	N	N	Establishes guidelines for providing quality treatment care by adhering to specific protocols for each discipline (PT,OT,SLP)
Rehab 204	Policy for Therapy Aide Utilization	N	N	To establish guidelines for supervisors and therapists on tasks that can be safely, legally and effectively performed by Rehab Aides.
Rehab 205	Policy for Holiday and Weekend Inpatient Coverage	N	N	Establishes the method of ensuring adequate weekend and holiday coverage for rehab staff at CCRMC including acute care and mental health staff.
Rehab 206	Policy for Rehabilitation Documentation Standards	N	N	To ensure consistent and effective documentation of evaluations and treatments that comply with regulatory agencies and quality assurance standards.
Rehab 207	Policy for the Scope of Program	N	N	Outlines the professional services provided by the Rehab Department in both Acute care and Outpatient.
Rehab 208	Policy for the Relationship to Other Hospital Services	N	N	Clarifies the relationship between Rehab and the other Medical Center departments to ensure integrated function and resource accessibility for continuing patient care.
Rehab 301	Policy for Space, Equipment and Facilities	N	N	To provide guidelines on maintenance of a safe and functional rehab environment.