



**QUALITY PROFESSIONAL SERVICES
COMMITTEE MEETING
Thursday, April 23, 2015**

**Conference Center Located at Highland Care Pavilion
1411 East 31st Street Oakland, CA 94602
Marla Cox, Clerk of the Board
(510) 535-7515**

**LOCATION:
Open Session: HCP Conference Center**

MINUTES

THE MEETING WAS CALLED TO ORDER AT 3:33PM

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT:

Barry Zorthian, MD, Joe DeVries, Maria Hernandez, and Michele Lawrence

Excused: Kinkini Banerjee

Non-Voting Members present: Drs. Deepak Dhawan, John Iocco and Joe Walker

(General Counsel Announcement as to purpose of Closed Session)

TAB #1 CLOSED SESSION

Reconvene to Open Session

TAB #2 ACTION: Consent Agenda

A. Approval of the Minutes of the March 26, 2015 Quality Professional Services Committee Meetings.

Action: A motion was made and seconded to approve the Quality Professional Services Committee Meeting minutes from March 26, 2015. Minutes were approved.

AYES: Trustees Zorthian, DeVries, Hernandez, and Lawrence.

NAYS: None.

ABSTENTIONS: None.

B. Approval of Policies and Procedures

Kerin Torpey Bashaw, MPH, RN, Vice President, Quality

APRIL 2015

Alameda Health System Policies

Administrative

- Medical Record Authorship and Documentation Integrity
- Medical Record Authentication, Entries and Completion

Department

- Anticoagulation Clinic – Clinical Pharmacist Duties and Functions (3 addendums)

San Leandro Hospital Policies

Administrative

- Indigent Patient – Disposition of Unclaimed Human Remains (Including Fetal Remains of 20 weeks Uterogestation or More)
- Patient Identification

Clinical

- Abuse – Child
- Abuse – Dependent Adult or Elder
- Abuse – Domestic Violence
- Abuse – Sexual
- Clinical Alarms (Response and Safety)
- Diabetic Patient Care
- ED Chronic Pain Management (attachment)
- Enteral Connection Policy
- Invasive Lines Connections to Patients
- Patient Care Conferences
- Patient/Family Education Plan
- Probate Conservatorship
- Spiritual Care
- Universal Protocol

Action: A motion was made by Trustee Lawrence and seconded by Trustee Hernandez to approve the Alameda Health System and San Leandro Hospital Policies as presented. Policies were approved as presented.

AYES: Trustees DeVries, Zorthian, Hernandez, and Lawrence.

NAYS: None.

ABSTENTIONS: None.

TAB #3 REPORT: Medical Executive Committee

John Iocco, MD, Chief of Staff at Alameda Hospital presented the Medical Executive Committee report to the Quality Professional Services Committee. Dr. Iocco provided a summary of the approved action items at the last MEC meeting on March 27th. The Alameda Hospital noted that the MEC recommended the use of devoted technicians to monitor the Telemetry of patients in order to improve patient safety and relieve the load on nurses. The technicians would earn a fraction of nurse pay and would provide a substantial service. The Medical Record delinquency rate was below the 50% threshold.

The MEC approved a process to care for boarded patients in the ED who are awaiting admission. Dr. Iocco also notified the Committee of the creation of a Community Paramedicine Pilot Program in Alameda that would focus on post-discharge follow up and frequent visits. The hospital is reporting low numbers for hospital readmissions and harm reduction measures. There are opportunities for improvement in several HCAHPS measures, including staff responsiveness, pain management, and maintaining quiet around room at night.

Joe Walker, MD, Chief of Staff, Highland, Fairmont, and John George presented the Medical Executive Committee report to the Quality Professional Services Committee. Dr. Walker

noted that delinquent medical records are down from 18.5% last fall to 18.1%. He explained that the True North metric for the Third Next Available appointment has changed substantially. This measure is a reflection of access to our ambulatory clinics. The campus continues to struggle with standardizing our response to delinquent medical records. Dr. Walker would like to ensure that expectations are clear prior to establishing consequences for delinquent records. The Graduate Medical Education report reflected all training programs are currently in good standing. The site is expecting a Clinical Learning Environment Review sometime this summer. Medical staff competencies will be scheduled for June completion in order to fulfill regulatory requirements.

Deepak Dhawan, MD, Chief of Staff, San Leandro Hospital presented the Medical Executive Committee report to the Quality Professional Services Committee. San Leandro Hospital reported no new risk events this month and there has been a decline in the total number of events this month. Patient experience increased across the board, except for some patient complaint regarding staff responsiveness to call buttons. Staff has taken steps towards correcting this issue. Most restraint percentages have decreased and those cases that have occurred have been well documented by medical staff. The ICU is at 60.2%. Utilization has been around 4.2 days and any stays of 5 days are closely monitored. The patient admission wait time in the emergency room is currently at 5 hours and 12 minutes, only 12 minutes above San Leandro's goal of 5 hours. The ER discharge time is currently at 2 hours and 12 minutes, but the medical staff is working on further improving that time.

San Leandro has had no preventable harms reported in the past 2 months. The hospital has also implemented a medication error reduction program, in order to reduce medication errors.

All reports were accepted as presented.

Action: A motion was made by Trustee DeVries and seconded by Trustee Hernandez to approve the Medical Executive Committee reports to the QPSC Committee.

AYES: Trustees DeVries, Zorthian, Hernandez, and Lawrence.

NAYS: None.

ABSTENTIONS: None.

TAB #4 REPORT: System Access

Guy Qvistgaard, MFT, FRSPH, Chief Administrative Officer, presented the metrics for system access. The Third Next Available Appointment for each patient is a measure that is used to determine ambulatory access across the organization. The system uses this measure because looking at the Next Available appointment may reflect positively skewed metrics, as it doesn't take into account walk-ins and cancelations. The CAO presented trend lines over time, which showed a steady decrease overall. Reviewing data in depth, staff was able to single out Adult General Medicine as the main driver of overall wait time results.

Steps taken to improve wait times across the system include operationalizing the Call Center to confirm scheduled patients and re-assign unneeded appointments, the identification of frequent "no show" patients in order to teach them how to cancel appointments when necessary, and staff has piloted the use of residents at Highland Wellness to see a specified number of patients each day. The goal of these and several other initiatives is to improve patient access across the system.

TAB #5 REPORT: Mission Moment

Blake Gregory, MD, Assistant Medical Director, K6 Adult Medicine Clinic, presented the current colorectal cancer (CRC) screening effort in Adult Medicine as it addresses quality

improvement. Dr. Gregory provided an overview of the colorectal cancer screening history in the Highland K6 Adult Medicine Clinic. In 2013, the K6 Clinic began mandatory huddles for medical staff and CRC screening was reviewed for each patient. The K6 Clinic manages all patient charts and orders on paper, making it difficult to track appropriate ordering of CRC testing. The K6 Clinic created a contest for photocopying discharge order forms for a month in order to manually review all charts. While the physician ordering rate was successful, at 86%; the patient test return rate was at 34%. The Clinic was facing various challenges including a lack of an integrated data system, issues with the US Post Office delivering testing kits on time, patient reluctance to complete tests, and no resources to perform patient education. As a result, Dr. Gregory and her team are working in collaboration with Taft Bhuket, MD and his team as well as the Department of Public Health in order to increase funds and work on patient education and process. The NextGen system will roll-out in July, allowing the Clinic to better track orders and patient follow-ups.

TAB #6 DISCUSSION: Issue Tracking

Barry Zorthian, MD, Chair, reviewed the status of the items on the issue tracking sheet. Kerin Bashaw, Vice President of Quality, explained the difficulties in incorporating patients into the structure of the Quality Professional Services Committee. Trustees expressed concern that one patient would be able to represent the full patient experience for the organization. This item will remain on the list pending a future recommendation from the VP of Quality. Staff is currently working on an infrastructure for a central call center to better integrate the three hospitals. This item remains in progress. James Jackson, Chief Administrative Officer, provided an update regarding the status of discussions with Emergency Medical Technicians who had been driving local patients to ED's other than San Leandro. Working diligently with individual EMT organizations, the San Leandro staff has been promoting the availability and use of the Emergency Department. The Committee agreed that all items should remain on the list and be updated for informational purposes.

TAB #7 REPORT: Legal Counsel's Report on Action Taken in Closed Session

The Committee met in closed session, reviewed the peer reviews and approved the Credentialing reports presented.

Public Comments - None

Board of Trustees Remarks - None

ADJOURNMENT – 5:44PM

Respectfully submitted by:


Marla D. Cox
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: 

Mike Moyer
Interim General Counsel