



ALAMEDA COUNTY MEDICAL CENTER

Highland Campus • Fairmont Campus

John George Psychiatric Pavilion • Ambulatory Healthcare Services

QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING

Thursday, March 22, 2012

Central Administration Offices Located at Highland Hospital

1411 East 31st Street, Oakland, CA 94602

Barbara L. McElroy, Clerk of the Board

(510) 437-8468

MINUTES

TAB #1 CLOSED SESSION

OPEN SESSION: THE MEETING WAS CALLED TO ORDER AT 4:43 PM.

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT:

Daniel Boggan, Jr., acting as Chair in Trustee Price's absence, Anthony Slimick, and Valerie D. Lewis, Esq.

Barbara Price and Barry Zorthian, MD were excused.

NON-VOTING MEMBERS PRESENT:

Lyn Berry, MD and Taft Bhuket, MD.

TAB #2 ACTION: Approval of Minutes

ACTION: A motion was made, seconded, and unanimously approved the Minutes from the February 16, 2012 Quality Professional Services Committee Meeting as presented.

MOTION: Trustee Slimick

SECOND: Trustee Lewis

TAB #3 ACTION: Medical Staff / Organizational Policies and Procedures

Kerin Bashaw, VP, Quality, presented the Organizational Policies and Procedures for approval:

A. Occupational Therapy Clinical Education

- B. Occupational Therapy Outpatient Guidelines
- C. Patient Kitchen Evaluation in O.T.
- D. Family Conferences
- E. Scope of Service: Triage Nurse
- F. Alameda county Healthcare Services: Policy on Non-Discrimination
- G. Essential Supplies 96 Hours
- H. Norovirus Control Plan
- I. Saturday/Holiday Coverage on Acute Rehab
- J. Patient Agreement Form
- K. Protocol to Maximize Patient Participation
- L. Care of Patients in the Rehabilitation Unit
- M. Functional Assessments
- N. Bronchoscope Cleaning
- O. Therapeutic Hypothermia After Cardiac Arrest

ACTION: A motion was made, seconded, and unanimously approved to adopt the Organizational Policies and Procedures as presented with minor clarification on the “Patient Agreement Form” policy.

MOTION: Trustee Lewis
SECOND: Trustee Slimick

TAB #4 UPDATE: Harm Reduction Team Updates

Kathleen Clanon, MD, Quality Department, presented a draft of the final report that will be presented on the Phase 1 findings for the Harm Reduction Teams.

The committee discussed how the document might be utilized as a training tool or public relations document.

Dr. Clanon reported that the video was being edited to present as a 3 – 5 minute presentation at a future meeting.

TAB #5 REPORT: Medical Executive Committee

Lyn Berry, MD, President, ACMC Medical Staff, will report on some of the MEC activities at the Board of Trustees meeting on March 27, 2012.

A key issue is the continuing medical education credentials for ACMC have been revoked. We have appealed the ruling and it has been denied. We will be sending key committee members to a CME meeting in May and utilizing a consultant that will assist with the application.

TAB #6 REPORT: Chief Medical Officer

Sang-ick Chang, MD, Chief Medical Officer had nothing to report.

TAB #7 REPORT: VP, Quality

Kerin Bashaw, VP Quality, reported that two additional budgeted Director Positions have been filled. The new Director, Quality and the Director of Accreditation, Risk and Safety will be starting in April 2012.

Dr. Clanon gave a presentation on Reducing Preventable Readmissions:

***ARC - Avoiding Readmissions Through Collaboration
HISTORY***

- ▶ Reducing Readmissions HRT began *Spring 2010*
- ▶ Joined ARC Learning Collaborative *Fall 2010*
- ▶ ARC Planning Grant *Feb 2011*
 \$25K to create a plan
- ▶ Plan completed and submitted *Oct 2011*
- ▶ Moore Foundation grant proposal *March 2012*

ARC AIMS

- ▶ *30% reduction in 30-day readmission rates; and*
- ▶ *15% reduction in 90-day readmission rates, as compared to 2010 baseline; and*
- ▶ *to sustain this reduction in readmission rates through 2016.*

***Three root causes are related to the problem of preventable readmissions at
ACMC:***

- 1. A general lack of coordination and communication regarding patient care among different disciplines and among different services and sites.*
- 2. The level of health teaching, coaching and support provided is not adequate to enable our vulnerable patients to manage their own care.*
- 3. Inadequate infrastructure, capacity, and coordination for ambulatory care transitions.*

Approach

- ▶ *Use Project RED elements as a guide*
- ▶ *Plan to intervene at two levels:*
 - *Improve **basic** care transition systems*
 - *Special interventions for patients at **high risk** for readmits*

Four Pillars, Four Goals

1. Ensure **high risk** patients receive **comprehensive admissions/inpatient assessment**; and improve performance on these processes for the system overall.
2. Deliver **enhanced teaching and coaching** to **high risk** patients and their care-givers; and improve teaching and coaching capacity of the inpatient service.
3. Ensure **high risk** patients leave with established follow-up plan, appts, & secure **handoff to a medical home**; and improve performance on these processes for the system overall.
4. Improve **post-acute care follow-up** processes to ensure that the care of **high-risk** patients is pro-actively managed throughout the APMC system; and ensure that all discharged patients have easy access to post-discharge advice.

Proposed Interventions for Each of the Key Pillars

Enhanced Admissions Assessment - Interventions

- ▶ Create a new High Risk Care Transitions program modeled on Project RED
- ▶ Add enhanced training in reducing readmissions and managing care transitions to the Internal Medicine resident training curriculum
- ▶ Ensure the design for new electronic health record incorporates evidence-based practices for reducing preventable readmissions

Project RED basics

- ▶ Eleven must-have elements (see hand-out)
- ▶ Enhanced intervention for high-risk patients:
 - Disease education
 - Self-care
 - After hospital care plan
 - After hospital hand-off and follow-thru (calls and/or home visits)

Staff Training

- ▶ Development of resident training curriculum
- ▶ Implementation of resident training curriculum
- ▶ Patient assessment and teach-back training plan for nurses
- ▶ Implementation of training for bedside nurses
- ▶ Develop and launch nursing student health coaching

Teaching and Coaching Processes - Interventions

- ▶ The High Risk Care Transitions Team will provide focused patient and caregiver teaching and coaching for high risk patients
- ▶ Develop and implement an enhanced training curriculum for bedside nurses in patient education skills principles
- ▶ Establish an inpatient health coach program using nursing students

Hand-Off Processes - Interventions

- ▶ *High Risk Care Transitions Team will ensure coordination of discharge needs and appointments*
- ▶ *Develop a plan for prioritizing appointments and linkage to medical homes for high-risk patients*
- ▶ *Conduct a focused quality improvement project to increase the availability of the discharge summary*
- ▶ *Work with a safety net-wide committee to improve two-way care transition protocols*

Post-Acute-Care Follow Up Processes - Interventions

- ▶ *Continue to monitor and provide support to identified high risk patients through linkage to medical homes*
- ▶ *Develop processes for “warm hand-off” to social, education, and other services*
- ▶ *Collaborate with ambulatory leadership on development of a home visit team for high-risk patients*

Collaborate and Coordinate

- ▶ *DSRIP: Medical homes, care transitions, complex care center, patient experience*
- ▶ *Lean: inpatient flow VSM and Kaizen*
- ▶ *Patient Care Manager program*
- ▶ *EHR: NextGen and Soarian*
- ▶ *NAPH Fellows program*
- ▶ *NAPH Network*
- ▶ *CMS innovations grant?*

Sustainability

- ▶ *Many pieces of the plan are already being integrated into on-going practice at APMC*
- ▶ *Other parts of the plan are part of the DSRIP program and will be rolled out over the coming one to four years*
- ▶ *Assess at the end of 1 year whether to extend the pilot phase of the Transitions Team or make the program permanent*
- ▶ *After deducting revenue loss and calculating marginal savings, it seems likely that the marginal savings would still be greater than the annual added cost of the Transitions Team*

TAB #8 INFORMATION: Issue Tracking & Follow-up

Trustee Boggan asked the Clerk of the Board to report on outstanding issues.

TAB #9 REPORT: Legal Counsel's Report on Action Taken in Closed Session

Douglas B. Habig, General Counsel, reported that in Closed Session the Committee considered confidential peer review matters and approved credentialing.

Public Comments: None.

Board of Trustees Remarks: None.

ADJOURNMENT: The meeting adjourned at 5:45 pm.

Respectfully Submitted,

Barbara L. McElroy
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by:



Douglas B. Habig, Esq.,
General Counsel