



**QUALITY PROFESSIONAL SERVICES
COMMITTEE MEETING
Thursday, March 26, 2015**

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

MINUTES

THE MEETING WAS CALLED TO ORDER AT 3:36 PM

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT:

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

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 February 26, 2015 Quality Professional Services Committee Meeting.

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

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

NAYS: None.

ABSTENTIONS: Trustee DeVries.

B. Approval of Policies and Procedures

MARCH 2015

Alameda Health System Policies

Clinical

- Critical Results and Communication of Critical Results
- Exempt and "Gross Only" Specimens

Department

- Oral Penicillin (PCN) Desensitization Protocol
- Pharmacy and Therapeutics Policy (Attachment)

San Leandro Hospital Policies

Department

- Pharmacy Technician Job Duties

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.

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

NAYS: None.

ABSTENTIONS: None.

TAB #3 REPORT: Patient Experience

Guy Qvistgaard, Chief Administrative Officer of John George Psychiatric Hospital, gave an overview of the implemented changes that led to significant improvement in the staff culture and patient experience at John George. The site created an overarching committee to review each incidence of seclusion and restraint, a key measure used to indicate treatment failure or success. The committee spent time developing alternative responses to incidents of restraint for staff to refer back to, eventually leading to a marked reduction in seclusion and restraint incidents. This was accomplished while simultaneously creating a culture of teamwork and enthusiasm for successful prevention of restraint among staff. The CAO also noted that he and Kinzi Richholt, Chief Nursing Officer, are working to scale these practices throughout the system in an effort to mirror the results at John George. The Committee took a moment to congratulate the staff for their success. Trustee DeVries suggested that the CAO send a memo to the Health and Policy aides of the Supervisors reminding them of the great work being done at John George Hospital.

TAB #4 REPORT: Medical Executive Committee

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 explained that a current challenge is with regard to addressing delinquency rate. The MEC has struggled with developing a fair and equitable process for enforcing policies for those who have delinquent records. Doctor's Day is coming up and the staff will be arranging for 3-4 hour shifts in which senior administrators shadow a doctor.

Deepak Dhawan, MD, Chief of Staff, San Leandro Hospital presented the Medical Executive Committee report to the Quality Professional Services Committee. Timeliness of organ donation has increased from 75% to 95% due to changes in California law regarding organ donation consent. The emergency room volume has increased, causing a slight increase in length of stay, as patients wait for admission. The site has taken steps to improve staffing in the fast track to discharge those patients that are less acute in a timely manner. The site is in 100% compliance with core measures; however there were 4 falls and 2 preventable harms identified.

John Iocco, MD, Chief of Staff at Alameda Hospital presented the Medical Executive Committee report to the Quality Professional Services Committee. The Alameda Hospital marketing campaign has been initiated and has been quite good for morale. The initiation of inter-facility transfers to Highland Hospital experienced some issues, but is going well. The MEC held a special meeting last Friday to review the Hospitalist contract, which was resolved. Bonnie Panlasigui, Chief Administrative Officer of Alameda Hospital has given the MEC a \$1 million capital budget for immediate priority purchases. The volume is very good,

with an average 40 patient per day census, previously around 30 or less. ALH has performed above national values for medication errors, patient falls, and hospital acquired pressure ulcers.

All reports were accepted as presented.

TAB #5 REPORT: Mission Moment

Adam Brooks, MD, Chief Resident presented a high efficiency project that took place at Highland Hospital Orthopedic Surgery, along with the support of Drs. Shaw and Dr. Krosin. The project focused on total joint surgery, which is used as a benchmark for institutions as they are elective and planned surgeries whose outcomes can be monitored and compared across hospitals. Highland is currently experiencing a backlog for total joint surgeries. Dr. Brooks organized the high efficiency day in order to show that an increase in surgery volume is not only possible and sustainable; it can be done in a safe manner. The team performed 5 surgeries by 5:00pm on March 11, 2015, as compared to an average of 1 surgery per day. Dr. Brooks concluded that similar systems can be put into place, with very few additional resources, to increase volume while maintaining costs.

William Peruzzi, Chief Medical Officer, remarked on the tremendous amount of team work and coordination that a project like this demonstrates.

TAB #6 INFORMATION: Quality Dashboards

Kerin Bashaw, Vice President of Quality, presented the Quality Dashboards written report and proposed that this be included in the Quality Professional Services Committee meeting book at quarterly intervals and allow for questions at each meeting. The Committee requested that an addendum be included with acronyms and definitions necessary for understanding the dashboards. The Committee would also like to see comparison figures to compare our performance to similar California hospitals and will be looking at some categories in more depth at each meeting. The Committee will be discussing the next available appointment data at the next meeting.

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

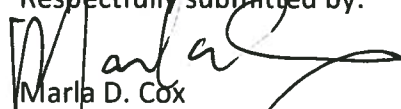
The Committee met in closed session and approved Medical Executive Committee recommendations regarding initial applicants, reappointments, and recommendations for Medical Staff membership and Clinical Staff privileges. No additional action was taken.

Public Comments – None

Board of Trustees Remarks – None

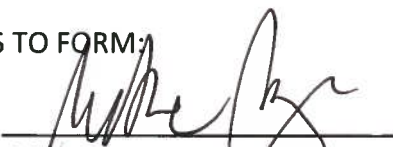
ADJOURNMENT – 5:39 PM

Respectfully submitted by:


Marla D. Cox
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by:


Mike Moyer
Interim General Counsel