ALAMEDA
HEALTH SYSTEM

QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING
THURSDAY, June 22, 2017
3:00PM – 5:00PM

Conference Center at Highland Care Pavilion
1411 East 31st Street Oakland, CA 94602
Vikki Brown, Interim Clerk of the Board
(510) 535-7515

LOCATION:
Open Session: HCP Conference Center

COMMITTEE MEMBERS **
Barry Zorthian, MD, ***Chair***
Kinkini Banerjee
Gary Charland
Joe DeVries
Maria Hernandez
Tracy Jensen
Michele Lawrence

NON-VOTING MEMBERS
Joel Chiu, MD
H. Gene Hern, MD
James Yeh, MD for Elpidio Magalong, MD

MINUTES

THE MEETING WAS CALLED TO ORDER AT 3:11 pm

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES/MEMBERS WERE PRESENT:

Kinkini Banerjee, Joe DeVries, Maria Hernandez, Tracy Jensen, Michelle Lawrence, Barry Zorthian MD

Non-Voting Members present: Dr. Hern, Dr. Chiu, and Dr. Yeh speaking on behalf Dr. Magalong

ABSENT: Gary Charland (excused)

A Quorum was established.

(General Counsel Announcement as to Purpose of Closed Session)

TAB #1 CLOSED SESSION

A. Consideration of Confidential Medical Staff Credentialing Reports
H. Gene Hern, MD, Chief of Staff, HGH, FMT, JGH Medical Staff
Joel Chiu, MD, Chief of Staff, San Leandro Hospital Medical Staff
Elpidio Magalong, MD, President, Alameda Hospital Medical Staff
**James Yeh, MD speaking on behalf of Elpidio Magalong, MD*

B. Conference with Legal Counsel:
M. D. Moye, General Counsel
Significant Exposure to Litigation
[Government Code Section 54956.9]

(Reconvened to Open Session at 3:39pm)

TAB #2 ACTION: Consent Agenda

A. Approval of the Minutes of the May 25, 2017 Quality Professional Services Committee Meeting.

Action: A motion was made and seconded to approve the Minutes of the May 25, 2017 Quality Professional Services Committee Meeting.
The motion passed.
AYES: Trustees Banerjee, Jensen, Lawrence, and Zorthian.
NAYS: None
Abstention: Trustees Devries and Hernandez

Trustee Zorthian addressed the need to approve policies presented at the May meeting to conform to the agenda for that meeting.

B. Approval of Policies and Procedures (Policies Presented at May Meeting)

Alameda Health System Policies
- Occurrence Reporting (System)
- Serious Adverse Event Investigation (System)
- Attire for Restricted and Semi-Restricted Procedural Areas (System)
- MCH FBC Breastfeeding Protocol (HH Only)
- MCH Protocol for Outpatient Women Service Visits (Ambulatory Only)
- Medication: Anesthesia Pyxis Medstation (HH Only)
- Standardized Procedure – Nurse Order Entry for the ED (HH Only)
- Emergency Regional Anesthesia Cart (HH Only)
- Intravenous Admixture Program (HH Only)

Alameda Hospital Policies
- No Policies

Highland Hospital/Fairmont/JGPH/Ambulatory Policies
- No Policies

San Leandro Hospital
- Aerosol Transmissible Disease (ATD) Exposure Control Plan (ECP)
- Biohazard Waste Disposal
- Bloodborne Pathogen Exposure Plan

- Infectious Disease
- Outbreak Management
- Infectious Waste Spill
- Influenza Vaccine (Healthcare Workers)
- Post Communicable Disease Exposure/Emergency Response Employees (Ryan White Act)
- Surgical Assistant Requirements for Procedures

Action: A motion was made and seconded to approve the May 2017 Policies and Procedures as presented. The motion passed.
AYES: Trustees Banerjee, Devries, Hernandez, Jensen, Lawrence, and Zorthian.
NAYS: None
Abstention: None

C. Approval of Policies and Procedures for June (New Policies)

Alameda Health System Policies

- System Space Committee Policy
- Acupuncture Procedure Protocol (System)
- Advance Practice: Mid-level Practitioner Standardized Policy – Acupuncture (System)
- Allograft Tissue, Storage and Handling
- Ambulatory Panel Management Protocol
- Cleaning and Care of Surgical Instruments, Point of Use (System)
- High-Level Disinfection or Sterilization of Reusable Patient Care Items
- Medical Record Delinquency and Medical Staff Suspension
- MCH Observation Bed Policy
- Medications: Medication Area Inspections
- Medications: Selection, Procurement, and Shortages
- Medications: High Risk and High Alert
- Patient/Family Education Plan

Alameda Hospital Policies

- Misadministration of Isotopes
- Nuclear Medicine Pregnant and/or Breastfeeding Patients
- Procedure for Ordering and Receiving Radioactive Material
- Scheduling Emergency and Urgent Cases and Calling in the Call Team

Highland Hospital/Fairmont/JGPH/Ambulatory Policies

- No Policies

San Leandro Hospital

- No Policies

Action: A motion was made and seconded to approve the June 2017 Policies and Procedures as presented. The motion passed.
AYES: Trustees Banerjee, Devries, Hernandez, Jensen, Lawrence, and Zorthian.
NAYS: None
Abstention: None

TAB #3 **REPORT/DISCUSSION: Medical Staff Reports**

H. Gene Hern, MD, Chief of Staff, HGH, FMT, JGH Medical Staff
Joel Chiu, MD, Chief of Staff, San Leandro Hospital Medical Staff
Elpidio Magalong, MD, President, Alameda Hospital Medical Staff
**James Yeh, MD speaking on behalf of Elpidio Magalong, MD*

H. Gene Hern, MD, Chief of Staff, HGH, FMT, JGH Medical Staff

Dr. Hern reported on an ongoing project to revise the Medical Staff Bylaws that should be completed by next month. He also noted that several policy and procedures are in the process of review by the MEC. Dr. Hern explained that the MEC voted to implement the Burnout Inventory to all medical staff to assess burnout.

Joel Chiu, MD, Chief of Staff, San Leandro Hospital Medical Staff

Dr. Chiu reported on the current review of local policy and procedures. Dr. Chiu expects to have the updates completed by the July MEC. Dr. Chiu also reported on the status of Transfer Guidelines between San Leandro Hospital and Alameda Hospital, explaining the general provisions of the Guidelines and the needs to be addressed by the policy. Dr. Chiu noted that the revised Transfer Guidelines are approved by San Leandro and will be sent to back to Alameda Hospital for final approval. In response to questions from the Committee, Dr. Chiu explained the relationship between these Guidelines and the System Transfer Center operation and the impact of the new Guidelines on access to services.

Elpidio Magalong, MD, President, Alameda Hospital Medical Staff
****James Yeh, MD speaking on behalf of Elpidio Magalong, MD***

Dr. Yeh reported on an unannounced CDPH survey for Post-Acute. The survey identified six deficiencies across all of the Alameda Hospital post-acute facilities, two per facilityite, that is below the typical findings in a CDPH survey – typically 12 findings per facility. Dr. Yeh noted that the identified deficiencies were corrected immediately or a plan developed for correction.

TAB #4 **REPORT/DISCUSSION: SBU Quality Metric Report**
Post-Acute and Behavioral Health Quality and Safety Metrics
Richard Espinoza, Chief Administrative Officer – Post-Acute
Dr. Karyn Tribble, Chief Administrative Officer – Behavioral Health

Post-Acute SBU Report

Mr. Espinoza introduced the members of his team participating in the presentation – Dr. Lance Stone and Shelley Stubbendeck. Mr. Espinoza began the report with an overview of the Post-Acute operation:

Alameda Hospital Post-Acute
Park Bridge – 26 beds
South Shore – 120 beds
Sub-Acute – 35 beds

Fairmont Hospital Post-Acute
Skilled Nursing Facility/ Sub-Acute – 103/6 beds
Acute Rehabilitation - 50 beds

Mr. Espinoza amplified Dr. Yeh's report on the CDPH survey noting that one finding is a recurring issue because the South Shore facility rooms do not meet the square footage requirements, which is an automatic deficiency. The remaining findings were minor issues in the areas of resident's rights, dietary, care planning, and infection control. Mr. Espinoza noted that a Life Safety Survey typically follows the CDPH survey and was conducted with one preliminary finding for all three buildings. In response to a question from the Committee, Mr. Espinoza explained that the Survey covered the physical plant, fire drills, fire testing, fire doors, fire evacuation plan, generators, flow test, sprinkler system test and a review to make sure we follow the schedule for necessary testing of items.

Mr. Espinoza offered the following operational reports:

- The occupancy for skilled nursing units is between 96 and 98 percent.
- The acute rehabilitation census is at an average of 18 against a budget of 20 and has been increasing for the fiscal year.
- For the quality metrics, a "star rating" for skilled nursing facilities and sub-acute units measures health inspections, staffing and quality measures. The Alameda skilled nursing and sub-acute units are 5-star rated. The Fairmont Skilled Nursing and Sub-Acute units are 4-star rated.

Mr. Espinoza reported on the SBU quality metrics, noting the four "watch metrics" for the unit: HAPI, Falls, Weight Loss and Pschotropic Medication Use. Mr. Espinoza also discussed the CMS-influenced quality measures that are monitored on a regular basis: physical function improvement, pain reports, readmissions, emergency room visits and discharges to the community. In response to questions from the Committee Mr. Espinoza explained that there is a monthly psychotropic medication use reduction meeting which includes the pharmacist, physicians, psychologist, and social workers in attempts to reduce the usage of such medications. Mr. Espinoza also reviewed quality assurance measures in the following areas: Medication Errors, Non Behavioral Restraints, and Pre-Printed Anticoagulation Physician Order. Mr. Espinoza also reviewed training and monitoring programs that support the quality improvement efforts, focused on training to best practices and identified standards (i.e., CMS).

Mr. Espinoza reviewed a Performance Improvement Project focused on improving the dining experience at facilities in the unit. He noted the challenges in achieving satisfaction in this area and highlighted use of Monthly Resident Councils and culturally-focused menu improvements.

Mr. Espinoza shifted the report to focus on acute rehabilitation with a report from Dr. Stone and Ms. Stubbendeck. Ms. Stubbendeck reviewed the performance metrics for the year, noting that our average patient age is below the regional average (53 y.o. vs. 66y.o.) and consisting of a higher percentage of male patients (66% vs. 50%). Dr. Stone noted that these ratios have remained consistent over time.

Dr. Stone reported on the Functional Independent Measure, beginning with an explanation of how the metric is measured by staff. Dr. Stone noted that the targets were 28- Overall and 25 Stroke and tear to date a score of 27 had been achieved in each area. Dr. Stone explained the factors that affect the measures and the relationship between the actual improvement and the time necessary to achieve the improvement. Dr. Stone explained current patient satisfaction scores (83% vs 85% target) and the areas most impactful to patient satisfaction (quality of food, discussion discharge plans). Dr. Stone noted that initiatives are in place to address these issues. Dr. Stone noted that staff is working to have patients and family members attend the team family conference having the physician to be more proactive in meeting with the patient and patient's family at discharge. Dr. Stone finished with a review safety metrics in the areas of

catheter urinary tract infections, pressure wounds, and falls.

Behavioral Health SBU Report

Dr. Tribble introduced the members of her team participating in the presentation – Dr. Charles Saldanha and Julie Kliewer. Dr. Tribble began the report with an overview of the Behavioral Health operations:

- Scope: Providing supportive services by actual treatment, consultation or training at all sites. The focus is on the continuum of care with a focus on pre-treatment and support before psychiatric episodes.
- JGPH provides inpatient services with 69 beds.
- A Director of Integrated Behavioral of Health will be on board by July 2017. This person will oversee the integration of behavioral with outpatient services to support the work in PRIME and in our emergency departments.
- A Psychosocial Program Administrator will be on board to oversee the provision of psychological services and trainings. Our goal is to increase and provide pre-treatment and support before a patient actually needs psychiatric help.
- A recent Joint Commission Mock Survey showed areas for opportunity and improvement. Areas of improvement will be suicide risk assessment and support to the emergency department at Highland Hospital. Dr. Tribble explained the focus on using the Columbia Model – a best practice for risk assessment and suicide prevention programs.

Dr. Saldanha noted that PES Utilization and Volume reflects a decline in registration to PES. The number of people in PES in the early part of 2016 showed a typical census of 40; that number is now down to 20 to 30 in PES. Dr. Saldanha attributed some of the decline to the implementation of the triage system in June 2016. In response to a question from the Committee Dr. Saldanha described patients identified by the triage system who did not require psychiatric services (people needing other social services, substance abuse issues). Dr. Saldanha noted that a majority of patients are admitted by a 51/50 hold by law enforcement. Dr. Saldanha reported that the average length of stay (in hours) is improving. In response to a question from the committee, Dr. Saldanha explained the operation of the inter-facility hold through the ReadyNet system.

Dr. Saldanha reported that inpatient length of stay is 7 to 9 days for acute care and psychiatric evaluation. The readmission rate is at the national average but does vary by diagnostic make up. Dr. Saldanha explained that the efforts in Quality Improvement are aimed at better coordination of care for complex patients.

TAB #5 **REPORT/DISCUSSION: SBU Risk Management Report**
Post-Acute and Behavioral Health
Adrian Smith, Director, Risk Management

Mr. Smith reported that overall assaults within the Behavioral unit have decreased due to the census management plan and improvement in communication under early intervention plans. He noted in-patient assaults have slightly increased but the early intervention plan is in place to address that issue. Mr. Smith explained that seclusions and restraints are low due to the early intervention plan and that the patient experience scores are increasing due to the person to person interaction within the units. With respect to reported occurrences, Behavior Health SBU shows a slight decrease month by month but quarterly it shows a 12% increase. Mr. Smith noted that this SBU has the best follow up statistics in the organization with no events open more than 10 days.

Mr. Smith reported that in the Post-acute SBU the reported occurrences report shows a 4% decrease. The majority of reported occurrences are "C" events – occurrences that did not result in patient harm.

TAB #6 **DISCUSSION: Planning Calendar/Issue Tracking**
Barry Zorthian MD, Chair

No report. The Chair noted that this item will be postponed until the next meeting.

TAB #7 **REPORT: Legal Counsel's Report on Action Taken in Closed Session**
M. D. Moye, General Counsel

In closed session the Committee approved the credentialing reports of each of the Medical Staffs. The Committee took no other action.

Public Comment - None

Trustee Remarks - None

Adjournment – 4:57 pm

Respectfully submitted by:

Vikki Brown
Interim, Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: _____
M.D. Moye
General Counsel