

---

**Alameda Hospital Medical Executive Committee (MEC)  
and  
Alameda Health System Medical Executive Committee (MEC)  
Report to the Alameda Health System Board of Trustees**

---

---

**SUBJECT:**      **Agenda Item:**              B

**Meeting Date:**              July 9, 2025

**Item Description:**      AHS and AH MEC Combined Report

---

1. **Executive Summary:** The report below is submitted by the Alameda Health System (AHS) and Alameda Hospital (AH) Medical Executive Committee(s) to the AHS Board of Trustees. **This report includes a summary of the Medical Executive Committee for the past six months.** This report outlines major activities and decisions during the reporting period, including credentialing actions, quality and safety updates, peer review outcomes, policy changes, and any medical staff concerns or recommendations.
2. **Guiding Principles:** The organized Medical Staff is responsible for the “quality of medical care to patients and for the ethical and professional practices of its members.” (AHS Board of Trustees Bylaws)
3. **Accreditation**
  - a. **National Committee for Quality Assurance (NCQA):** NCQA provides a framework for organizations to implement industry best practices that help them efficiently credential and recredential health care professionals. AHS achieved NCQA *Accreditation in Credentialing* in May 2025. This important milestone reflects the dedication, diligence, and high standards maintained by the Credentialing and Provider Enrollment teams and affirms that AHS meets nationally recognized standards for quality and accountability.
  - b. **The Joint Commission:** Administrative leadership of the organized medical staff will participate in a Joint Commission Mock Survey on Friday, July 11, 2025, with a focus on Medical Staff Services (OPPE, FPPE). This mock survey ensures AHS Medical Staff Services is ready for The Joint Commission Survey.
4. **Credentialing and Privileging**
  - a. **January through June 2025:** The combined AHS Medical Staff Credentialing & Privileging Committee granted numerous appointments, reappointments, specialty

---

**Alameda Hospital Medical Executive Committee (MEC)**  
**and**  
**Alameda Health System Medical Executive Committee (MEC)**  
**Report to the Alameda Health System Board of Trustees**

---

specific privileges and leave of absence. These files were provided to QPSC for approval. In addition to the credentialing in the grid, the committee reviewed and accepted the credentialing files for Credentialing by Proxy (CBP) for Teleneurology and Teleradiology Services. Of note, we had a total of **355** initial appointments and reappointments and **96** voluntary resignations.

<i>Provider Activity</i>	<i>AHS</i>	<i>AH</i>
<i>Temporary Privileges</i>	3	1
<i>Initial Appointments</i>	42	14
<i>Reappointments</i>	210	89
<i>Leave of Absences/Return from LOA</i>	27	13
<i>Completion of FPPE/Proctoring</i>	55	9
<i>Privilege Modifications</i>	75	44
<i>Category Status Change</i>	3	0
<i>Voluntary Resignations</i>	69	27

*Note: Confidential provider information is reviewed under QPS closed session protocols in accordance with Medical Staff Bylaws and applicable regulations.*

- b. **Procedural Innovation Taskforce:** The Medical Executive Committee (MEC) approved the formation of a procedural innovation taskforce to provide a framework for the introduction of a new privilege at AHS. This taskforce will ensure that necessary credentialing/privileging is aligned with operational infrastructure and the overall mission of AHS.

**5. Peer Review**

- a. **Medical Staff Peer Review:** MEC enlisted the services of a consulting group to evaluate the existing peer review process of the organized medical staff. This assessment provides the Medical Staff with best practices to make process improvements to the peer review process.
- b. **Interdisciplinary Peer Review Committee (IPPC):** The IPPC is responsible for the oversight of departmental quality review committees, focused professional practice for cause evaluation (FPPE), and ongoing professional practice evaluation (OPPE). Historically, IPPC also served as an administrative body addressing systems level issues identified through the peer review process. However, this dual function was

---

**Alameda Hospital Medical Executive Committee (MEC)**  
**and**  
**Alameda Health System Medical Executive Committee (MEC)**  
**Report to the Alameda Health System Board of Trustees**

---

determined to be too broad for a peer review committee. To enhance clarity and effectiveness, IPPC was restructured in April 2025 to concentrate exclusively on interdepartmental peer review and the oversight of departmental QRC. Administrative oversight of system level issues has been transitioned to the new Patient Safety Committee, ensuring a more focused and efficient governance structure.

**6. Quality and Patient Safety**

**a. Alignment with AHS Quality Assurance and Process Improvement (QAPI)**

**Governance:** The organized Medical Staff is responsible for the quality of care delivered to patients at AHS and plays a central role in ensuring that care meets the highest standards of safety and effectiveness. To fulfill this responsibility, the Medical Staff is actively engaged in the QAPI governance structure in collaboration with the Quality Department. Medical Staff committees aligned with QAPI, contribute to the review, analysis, and oversight of key quality and safety metrics, including those tracked by the Quality Objectives and Key Results (OKRs) and Key Performance Indicators (KPIs) dashboards. Metrics monitored during this reporting period include Emergency Department boarding for admitted patients, hospital-acquired infection rates, readmission rates, and mortality indicators.

The committees address critical areas such as sepsis bundle compliance, stroke care, patient throughput, infection prevention, and ICU mortality. To further strengthen this work, several additional committees were formally incorporated into Medical Staff governance in May and June of 2025, ensuring clear alignment with the QAPI framework. These include the AHS Clinical Practice Council (CPC), Critical Care Committee, Procedural Sedation Committee, Sepsis Committee, and Stroke Committee. In addition, the new Patient Safety Committee was created to review the causes, contributing factors, and process improvement plans for Root Cause Analysis.

**b. AHS FY 25-26 QAPI Plan:** The organized Medical Staff is collaborating with the Quality Department on the FY 25-26 QAPI Plan. The goal is to create a comprehensive, data-driven plan that guides continuous, organization-wide quality assurance and performance improvement efforts to enhance patient care, safety, and outcomes.

---

**Alameda Hospital Medical Executive Committee (MEC)**  
**and**  
**Alameda Health System Medical Executive Committee (MEC)**  
**Report to the Alameda Health System Board of Trustees**

---

- c. **Policy, Protocol and Plan Review:** CPC meets monthly to review all policies, cross-department protocols, order sets and plans that impact the delivery of patient care. In addition, CPC reviews department-level clinical procedures and guidelines. Since January 2025, CPC has forwarded **184** policies and order sets to MEC for approval. These are included in the monthly QPSC consent agenda for Board Approval.

**7. Medical Staff Development and Education**

- a. **Medical Staff Governance:** Recognizing a gap in broad institutional knowledge regarding medical staff governance, the MEC implemented a standing educational component to its monthly meetings beginning in February 2025. This initiative includes a rotating calendar of governance-related topics. Recent sessions have covered 1157 Protections, Patient Safety Work Product (PSO), The Intersection of Medical Staff Governance and Employment, and Distinctions between the Roles between the Medical Staff Chair and the Employment Chair.
- b. **Continuing Medical Education (CME):** The AHS CME Program was reaccredited by ACCME/CMA through May 2028. Currently, 11 recurring CME activities are conducted weekly or monthly across 11 clinical departments, in addition to individual CME activities offered through the AHS Learning Academy and the Ethics Team. Most activities--such as departmental grand rounds, case conferences and tumor board--are multidisciplinary and interprofessional, supporting the entire care team. As of January 2025, to date there have been **103** CME sessions held, and **100** total CME credits/hours awarded.

- 8. Graduate Medical Education (GME) and Research:** The GME Committee oversees the accreditation and quality of physician and dental training programs through the Accreditation Council for Graduate Medical Education (ACGME) and the Council of Dental Accreditation (CODA). During the ACGME survey conducted February-March of 2025, all residency and fellowship programs were found to be in good standing with continued accreditation. No citations were issued, though minor areas for improvement were noted. The Addiction Medicine Fellowship is scheduled for its inaugural ACGME site visit in September 2025. The Oral and Maxillofacial Surgery program is preparing for its upcoming site visit in 2026.

---

**Alameda Hospital Medical Executive Committee (MEC)**  
**and**  
**Alameda Health System Medical Executive Committee (MEC)**  
**Report to the Alameda Health System Board of Trustees**

---

In addition to its educational mission, AHS supports a meaningful portfolio of academic research. Millions of dollars in grant funding have been awarded to physician researchers to support innovative programs that address the needs of vulnerable patient populations. The development of infrastructure to support academic research is a priority and currently in progress by the Executive Operations Team.

- 9. System Wide Care Coordination:** In April 2025, MEC reported ongoing challenges in delivering seamless acute care across the system, including access to specialty care. To address these issues, key goals were identified: reducing the number of boarders in the Highland ED, identifying safe discharge options for inpatients who no longer require acute medical care, and improving patient transfers to available beds across the system.

Since that report, funding for a “Doc of the Day” role has been approved with implementation anticipated in the fall of 2025. This role is expected to support identification of transfer candidates that are boarding in the HGH ED and enhance coordination with the transfer center. The Interdisciplinary Rounds dashboard has improved the visibility of patients who are medically ready for discharge; however, securing appropriate discharge destinations remains a challenge due to limited community resources. Additionally, efforts are underway to implement a systemwide capacity management dashboard to provide real-time insight into bed availability and support more efficient patient throughput.

- 10. AH Medical Staff:** MEC discussion identified facility-specific concerns impacting access, patient care, and operations, including:

- a. Focus on improvement to the limited availability of specialty consults - Urology
- b. Maintenance causing downtime for imaging services such as MRI and CT
- c. Availability of ultrasound on weekends