

**Alameda Health System
and
Alameda Hospital
Medical Executive Committee**

Report to the AHS Board of Trustees

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Executive Summary



Combined report from the Alameda Health System (AHS) and Alameda Hospital (AH) Medical Executive Committees (MEC)



Includes major activities and decisions for the past six months, from January through June 2025



Includes credentialing actions, quality and safety updates, process improvement, policy changes, and medical staff concerns or recommendations

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)

Accreditation Updates



National Committee for Quality Assurance (NCQA) *Accreditation in Credentialing* achieved May 2025

Reflects high standards in credentialing and provider enrollment



The Joint Commission Mock survey scheduled for July 11, 2024

Medical Staff Services

- Ongoing Professional Practice Evaluation
- Focused Professional Practice Evaluation

Credentialing and Privileging

January through June 2025

- **355** initial appointments and reappointments
- **96** voluntary resignations
- Credentialing by Proxy approved for Teleneurology and Teleradiology Services
- Provided to QPSC for approval

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

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

Procedural Innovation Taskforce



June 2025 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



Taskforce will ensure that necessary credentialing/privileging is aligned with operational infrastructure and the overall mission of AHS

Peer Review



Consulting group enlisted to evaluate existing peer review process

Implement best practices
Improve current process



Interdepartmental Professional Practice Committee was restructured in April 2025

Focus on interdepartmental peer review and oversight of departmental QRCs
Operational issues now referred to Patient Safety Committee

Quality and Patient Safety

Medical Staff engaged in Quality Assurance and Process Improvement (QAPI) governance with the Quality Department

Monitoring of Quality Objectives and Key Results (OKRs) and Key Performance Indicators (KPIs)

Emergency Department boarding, hospital acquired infections, readmission rates and mortality indicators

Committees added to Medical Staff governance (May and June 2025): Clinical Practice Council (CPC), Critical Care Committee, Procedural Sedation Committee, Sepsis Committee and Stroke Committees

Patient Safety Committee created to oversee Root Cause Analysis

Quality and Patient Safety



Collaboration with the Quality Department on AHS QAPI Plan for FY 25-26



CPC reviews all policies, cross department protocols, order sets, and plans that impact the delivery of patient care

Reviewed 184 policies and order sets since Jan 2025
Forwarded to MEC and QPSC for Board approval

Medical Staff Development and Education



Monthly education on medical staff governance starting February 2025

1157 Protections

Patient Safety Work Product

Intersection of Medical Staff Governance and Employment

Department Chair's dual role in operations and medical staff governance

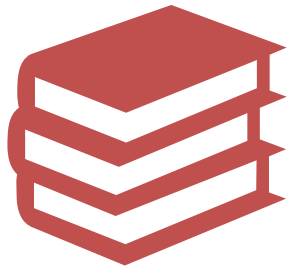


Continuing Medical Education Program

Accredited through May 2028

103 CME sessions, 100 CME credits/hours awarded since January 2025

Graduate Medical Education and Research



Graduate Medical Education

Spring 2025: All ACGME programs
reaccredited with no citations

September 2025: Addiction Medicine Fellowship
site visit

2026: Oral Maxillofacial Surgery site visit



Research

Grand funding supports research for
vulnerable patient populations

Infrastructure development for research is
ongoing

Systemwide Care Coordination



April 2025 MEC identified challenges to seamless acute care and specialty service access



Goals: reduce ED boarders, increase transfers across the system, improved discharge planning for patients no longer requiring acute hospitalization



Operational updates: 'doc of the day' approved to support transfers (fall 2025), IDR dashboard identifies patients ready for discharge, safe landing spots continues to be a challenge, real-time bed availability visibility with capacity management dashboard

Alameda Hospital Medical Staff

- MEC discussion identified facility-specific concerns impacting access, patient care and operations
 - Limited availability of urology consultation
 - Downtime for maintenance of imaging service (CT and MRI)
 - Availability of ultrasound imaging on weekends

Medical Staff Administrative Leaders



Satira Dalton, Vice President
of Physician Services



Jennifer Jackson, Manager of
Medical Staff Services

Submitted by the Medical Executive Committees of AHS and
AH for the AHS Board of Trustees

THANK YOU