



**QUALITY PROFESSIONAL SERVICES
COMMITTEE MEETING
Thursday, May 28, 2015**

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

LOCATION:

Open Session: HCP Conference Center

MINUTES

THE MEETING WAS CALLED TO ORDER AT 3:32PM

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 April 23, 2015 Quality Professional Services Committee Meetings.

Action: A motion was made and seconded to approve the QPSC minutes of April 23, 2015. The minutes were approved pending requested corrections.

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

NAYS: None

Abstention: Trustee Banerjee.

B. Approval of Policies and Procedures

Kerin Torpey Bashaw, MPH, RN, Vice President, Quality

MAY 2015

Alameda Health System Policies

Clinical

- Autotransfusion
- Trauma Rounds in ED

- Vascular Surgical Post-Procedural Clot Prophylaxis

Department

- External Agency Personnel Utilization

San Leandro Hospital Policies

Clinical

- Critical Value Management
- Dialysate (Attachment)
- Medication – Black Box Warnings (FDA Boxed Warnings) and Medication Safety
- Medication – Formulary, Development and Maintenance of the Hospital
- Medication – Selection, Procurement and Storage
- Observation Status Oxygen for Patients at Time of Discharge, Arranging
- Pain Assessment and Management
- POLST – Physician Orders for Life- Sustaining Treatment
- Rapid Response Team (Attachment)
- Suicide Risk and Screening/Assessment

Department

- Authority of Infection Control Committee

The Committee discussed the process for approving hospital policies. The Trustees were interested in the reasoning behind establishing and approving individual campus policies, versus establishing and approving one system-wide set of policies. Kerin Bashaw, VP of Quality, clarified that the organization does have a set of universal requirements for each campus. However, these requirements are adjusted to fit the logistics of each campus as they do not have the same access to staff or facilities.

The Committee agreed to defer the approval of San Leandro Policies to the next meeting. Trustees did not have a copy of the policies and were not able to review them prior to the May 28, 2015 meeting.

Action: A motion was made and seconded to approve the Alameda Health System Policies for May 2015. The motion was carried.

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

NAYS: None

Abstention: None

TAB #3 REPORT: Medical Executive Committee

Joe Walker, MD, Chief of Staff, HGH, FMT, JGH Medical Staff, presented the report for Highland, Fairmont and John George. The Medical Executive Committee discussed the Department Chair Evaluations, which should be conducted every 4 years. The Committee had a company come in and present an evaluation process that can then be used to evaluate Department Chair's. Dr. Harken presented the Department of Surgery report. Dr. Walker noted that the MEC is developing a template for succinct and straightforward department reports. The MEC reviewed patient satisfaction reports, focusing on the questions that Physicians can impact directly. The MEC received their utilization review report as well as the patient safety report. Medical records and a financial report were provided to the Committee. After further discussion, Dr. Walker committed to providing the

QPSC all evaluation methods used for Department Chairs.

Deepak Dhawan, MD, Chief of Staff, SLH Medical Staff, presented the report for San Leandro Hospital. The vaccination target of 90% for the facility was met, with a rate of 92.1%. The MEC discussed medical records delinquency rates and went into a detailed discussion of the reasons for the delays. The MEC reported 3 falls in April and 4 falls in March. All of those patients were identified as high risk for falls, there were no injuries. Due to the clusters of CRE infection outbreaks, the hospital is taking proactive steps to avoid further spread. The new Sepsis Core Measure will begin October 2015 and the hospital is tightening standards in preparation. The MEC evaluated 10 procedural sedations and all were in compliance. The number of open Peer Review Closed Cases that met or exceeded the standard was 82% for ED, 94% for the Department of Medicine, and 93% for the Department of Surgery. The Committee also approved the 2015 Antibioqram guidelines for the hospital.

John Iocco, MD, VP, AHD Medical Staff, presented the MEC report for Alameda Hospital. The MEC approved pre-printed physician bridge orders for EEC only, Sepsis order sets, initial admission order set, inpatient blood glucose management, an antimicrobial stewardship program, and a fire assessment checklist. Dr. Iocco also noted that the committee established policies which provide resource instructions for patients with hearing, vision and speech impediments and a non-discrimination policy. The MEC also discussed the need for an ICD-10 presentation for physicians in order for them to understand how they can incorporate greater specificity and clinical information. The CAO of Alameda Hospital provided a brief summary of the feasibility study and business plan in progress, as the closure of the Mulvany Infusion Center has been postponed.

TAB #4 REPORT: Mission Moment

Bonnie Panlasigui, Chief Administrative Officer, introduced several Alameda City Firefighter/Paramedics involved in a two year pilot program funded by the state and county. David Wills, Firefighter Paramedic with Alameda City Fire Department explained to the Committee that each funded entity is tasked with a specific focus area for gathering data. The Alameda City Fire Department project, which begins June 1, 2015, has been tasked with "Familiar Faces and Post Discharge Follow-Up" in Alameda. In order to address the "Familiar Faces" portion, the team will be identifying frequent users of the 911 system in the City of Alameda in order to find them the appropriate education and services they need. In order to address the "Post Discharge Follow-Up," the team will be communicating with providers discharging patients to schedule home visits for the first 30 days after release to prevent readmission and ensure a long term recovery. Mr. Wills explained that his team will be visiting patients with CHF, COPD, Pneumonia, Sepsis, and post-MI. The team is working with a software company to store all data on a web platform, which will hopefully increase collaboration and data quality. Multiple data points will be measured to evaluate patient safety and the feasibility of expanding the scope of practice of Paramedics. The Paramedic team also completed a 6-month training program coordinated by UCLA. The CAO noted that a total of 347 patients had visited the Alameda Hospital ER more than 3 times in the past 6 months. This project will measure the savings benefits involved in addressing these issues directly.

TAB #5 DISCUSSION: Issue Tracking

Barry Zorthian, MD, Chair, Quality Professional Services Committee requested updates for standing issues. Bill Peruzzi, Chief Medical Officer, informed the group that management had discussed the establishment of a transfer center. Management will be working on a program proposal to address multiple transfer concerns; however the best practice is a centralized call center.

Trustee Lawrence requested clarification and discussion surrounding the process for task prioritization. Trustee Hernandez suggested that the task lists be combined and provided online to all Trustees so that they have the ability of reviewing all tasks for duplication and urgency.

TAB #6 REPORT: Legal Counsel's Report on Action Taken in Closed Session

The Interim General Counsel reported that the Committee approved the Credentialing Reports and took no other action.

Public Comments - None

Board of Trustees Remarks - None

ADJOURNMENT – 6:05PM

Respectfully submitted by:



Marla D. Cox
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: _____



Mike Moye
Interim General Counsel