



**QUALITY PROFESSIONAL SERVICES  
COMMITTEE MEETING  
Thursday, November 20, 2014**

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

**MINUTES**

**THE MEETING WAS CALLED TO ORDER AT 3:40 PM**

**ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT:**

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

Non-Voting Members present: Dr. Emmons Collins, Dr. Steven Rosenthal and Dr. Shaw

**(General Counsel Announcement as to purpose of Closed Session)**

**TAB #1 CLOSED SESSION**

**TAB #2 ACTION: Approval of Minutes**

Minutes of the October 23, 2014 Quality Professional Services Committee Meeting.

***ACTION: A motion was made and seconded, and the Committee approved the minutes of October 23, 2014 Quality Professional Services Committee meeting.***

**TAB #3 ACTION: Approval of Policies and Procedures**

**Alameda Health System Policies**

Clinical Policies

- Calorie Count
- Clinical Nutrition Coverage
- Committee Concerned with Nutrition Care
- Diet Manual Review and Approval
- Discharge Planning for Nutrition Services
- Enteral Nutrition Practice Guidelines
- FNS Documentation in the Medical Record (w/attachment)
- FNS Non-English Speaking Patients
- FNS Patient Family Education
- Food-Drug and Herb-Drug Interactions
- Formulary Development

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- Guide to Clinical Nutrition Services
  - Initial Assessment and Prioritization (Acute Care)
  - Intake Support
  - Multidisciplinary Patient Care Plan
  - NPO Clear Liquid Monitoring
  - Nutrition Assessment, Diagnosis, Intervention, Monitoring and Evaluation (Acute Care/ NICU)
  - Nutrition Care Guidelines
  - Ordering of Medical Nutrition Therapies
  - Parental Nutrition Protocol
  - Resident Nutrition Assessment for Long Term Care

#### **San Leandro Hospital Policies**

##### Clinical Policies

- Advance Nursing Intervention: Implementation of Standing Orders by the Emergency Department Registered Nurse (attachment)
- Parenteral to Oral Interchange of Antimicrobial Agents

***ACTION: A motion was made and seconded, and the Committee approved the policies as presented.***

#### **TAB #4 REPORT: Clinical Service Alignment**

William Peruzzi, MD, Chief Medical Officer (CMO) shared the findings from the reassessment of the Care Management Team with gaps in the fragmented discharging processes; focusing on Utilization Management rather than care coordination; we need to upgrade some software and retrain some of the Utilization Nurses. A new management team was brought in to maintain Care Management; they quickly created capacity by opening beds in the PACU; added additional beds in the SDU to accommodate an observation unit; opened a discharge lounge; focused on Care Transition Teams; implemented a number of bed utilization processes and reeducated and reassigned some of the supervisory responsibilities. They have made a positive impact on the organization by dropping the unbilled processes from 30 million to under 3 million within a few weeks. Barry Zorthian, MD has taken on the Secondary Review of the bills. The average length of stay has been lowered from 18-20 hours to 9-10 hours by creating the capacity and reorganizing the Care Management Teams. Patient to bed wait time has dropped from over an hour to less than 30 minutes. The CMO explained by putting in a Private Hospitalist Program they will hire additional physicians who will go side by side with our academic team.

#### **TAB #5 REPORT: System Patient Engagement**

Varsha Chauhan, Executive Director of the System Transformation Center presented the Patient Experience Plan to the committee. Their team makes the Best Practices visual by focusing activities on launching Best Practices by unit approach and ensuring the Patient Experience plan is comprehensive with the nursing staff, physicians and support services. Kinzi Richholt, Chief Nursing Executive gave an explanation to the committee regarding the process and background of Best Practices and Patient Experience. The goal for Patient Satisfaction is 75% by the end of the fiscal year, June 30th. The current percentile rank for Patient Satisfaction is 64.8% at Highland, 42.7% at San Leandro Hospital, 54.5% at Alameda Hospital and 72% for Ambulatory Care. The Employee Engagement scale was at 3.86 on a 5 point scale.

**TAB #6 REPORT: Medical Executive Committee**

Emmons Collins, MD, Chief of Staff, Alameda Hospital provided a written report of the Medical Executive Committee to the Quality Professional Services Committee. This will be Dr. Collins last meeting.

Dr. Shaw reported on behalf of Dr. Walker for Alameda Health System-Highland Hospital, John George Psychiatric Hospital, Fairmont Hospital and Ambulatory Wellness Clinics presented the Medical Executive Committee report to the Quality Professional Services Committee and gave a brief explanation of his background as an Orthopedic Traumatologist.

Steven Rosenthal, MD, Chief of Staff, San Leandro Hospital (SLH) presented the Medical Executive Committee report to the Quality Professional Services Committee. SLH has had marked improvements in patient care; Orthopedics is being reintroduced, Urology will be receiving the equipment they need and are doing more cases; Vascular remains Strong, Podiatry has new staff, Surgical Services is improving, we are continuing discussion with Radiology about reintroducing Interventional Radiology, ICU has improved and we have an excellent Infectious Disease group that comes to the Hospital and a new Pulmonologist on staff.

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


Joel Isaacson, Associate General Counsel reported that in closed session the committee reviewed and approved the Peer Review and Credentialing Reports and heard a report on reportable events.

**Public Comments - None**

**Board of Trustees Remarks – None**

**ADJOURNMENT – 5:43pm**

Respectfully Submitted by:

  
Maria D. Cox  
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by:   
Mike Moyer  
Interim General Counsel