



**QUALITY PROFESSIONAL SERVICES
COMMITTEE MEETING
Thursday, January 29, 2015**

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

MINUTES

THE MEETING WAS CALLED TO ORDER AT 3:35 PM

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT:

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

Excused: Joe DeVries

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: Approval of Minutes

Minutes of the November 20th, 2014 Quality Professional Services Committee Meeting.

ACTION: A motion was made and seconded, and the Committee approved the minutes of November 20th, 2014 with an amended name change from Dr. Walker to Dr. Shaw for the 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

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- FNS Patient Family Education
 - Food-Drug and Herb-Drug Interactions
 - Formulary Development
 - 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: Population Health, Overview, and Status

William Peruzzi, MD., Chief Medical Officer (CMO) reported the status of population health to the committee. They have entertained the idea of recruiting a population health executive who will be a physician and have engaged a search firm in that process. They are drafting a job description and gradually pulling together a slate, however, the CMO and Jeanette Loudon-Corbett, Chief Human Resources (CHRO) officer have slowed the process in terms of fiscal issues with the organization.

There is progression in the service line development for orthopedics. Emergency Department Orthopedic call coverage will be in effect February 1, 2015 at every acute care facility in the system. They have recruited and put in place an orthopedic practice manager.

Carladenise Edwards, Chief Strategy Officer (CSO), Mark Fratzke, Chief Operations Officer (COO) and the CMO continue to develop other service line plans. They have purchased or leased business intelligence tool from the Advisory Board called Crimson. The software will allow us to identify physician practice patterns and promote service line planning.

TAB #5 REPORT: Zero Harm Journey

Kerin Bashaw, VP of Quality, reported on key factors from the Patient Safety Movement Forum she attended. She explained the history of the Zero Harm journey. It was made clear at the forum that the federal government will continue put financial incentives around safety. Medicare reimbursement would be significantly impacted by our ability to provide care and get the right kind of outcomes. She explained Value Based Purchasing to the committee which is a Federal program where we put money into an account and get some money back based on our performance with identified outcome measures.

The Quality Department has a process to carefully review all harms identified through coding to make sure that they are reflective of actual harm. The committee discussed Sepsis and the ongoing efforts to reduce the overall Sepsis mortality rate. Barry Zorthian, MD, Chair commented on the project to reduce the rate of hospital acquired pressure ulcers (HAPU's). The staff is constantly working on improvement of documentation and identification of HAPU's to make sure that our data is accurate.

Chair Zorthian, Trustees Lawrence, Hernandez, Ms. Bashaw and Dr. Peruzzi attended the Patient Safety Movement Forum on February 12 – 13, 2015; and shared important topics with the committee. At the forum they learned that a Guinness book of world record was broken when 40,000 children were trained in CPR in one day; directly affecting the city's cardiac arrest survival rate; going from 15% to 35%. They would like to explore a similar project with the Alameda County school system.

Maria Hernandez, Trustee encouraged everyone to visit www.patientsafety.org to view the stories of individual lives, what happened to families and how these events were portrayed. She feels the conference would benefit from speaking to how much language and cultural differences contribute to avoidable medical errors. Chair Zorthian stated that a hospital's culture is an important contributor to outcomes; she feels fear of punishment is undermining and that we still have a culture where a lot of our employees are afraid of being punished, which is something she would like to pursue.

There was a commitment made by the organization to change the disciplinary process and we need to make sure there isn't a disconnect between the Group Cause Analysis Process and how we're treating our employees and physicians to make sure this is a safe environment and a kind of culture that allows communication around safety.

The CMO discussed an article in Trustee Magazine about adjusting culture. One thing we need to focus on is getting away from a culture of blame yet it's still important to maintain accountability. Employees shouldn't be punished for honest mistakes.

TAB #6 REPORT: Medical Executive Committee

Deepak Dhawan, MD, Chief of Staff, San Leandro Hospital (SLH) presented the Medical Executive Committee report to the Quality Professional Services Committee. He reported that SLH received an outstanding result from the Joint Commission on lab accreditation. There were no medical records that needed to be filed as incomplete for this reporting period. Compliance with verbal orders for November was 71%. The medical staff continues to focus on improvement. The delinquency for October 2014 was at 30% and November 2014 was 20% which was a decrease from August's 35%. The usage of blood products is still under the ratio of 2.0 with a 1.2 in cross match to transfuse ratio. Infections have decreased; this includes onset C diff infections and Central Line Associated Blood Stream Infections (CLABSI). The length of stay for admitted patients in the ER is slowly decreasing to 66 minutes above the goal. For patients discharged home, the patients are kept 6 minutes past the goal of discharge. For surgical time out in universal protocol 100% of charts were compliant for a completed time out procedure.

John Iocco, MD presented the Medical Executive Committee report to the Quality Professional Services Committee. Alameda Hospital (AH) has an urgent clinical need for a Gastroenterologist and OBGYN to be on call to the ER because there is only one Gastroenterologist and no OBGYN position. The CMO reported that GI issues are being worked on with Dr. Bhuket to expand GI coverage. Dr. Iocco stated they would need two OBGYN doctors at AH; patients are reluctant to go to Highland for urgent care. The committee discussed utilizing all the hospitals within the system and not referring out and developing a Transfer Center for the ERs between the hospitals to better help the transfer of patients.

Joe Walker, MD, Chief of Staff at Highland; Fairmont and John George presented the Medical Executive Committee (MEC) report to the Quality Professional Services Committee. Dr. Walker reported that there was one finding from the Joint Commission the medical staff had to engage which was the rewrite of the job description in Radiology. John George had a delinquency threshold of 10% and currently they are 10.9%. The MEC engaged in conversation about the process of suspension; data is becoming increasingly reliable. Physician engagement has been a priority. The MEC implemented a process for short-term physician engagement as well as longer term engagement.

There are 3 department chair processes under way with the department of medicine, department of anesthesia and the department of ambulatory care.

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


Mike Moyer, Interim General Counsel reported the committee reviewed and approved the credentialing reports for the 3 medical staffs.

Public Comments - None

Board of Trustees Remarks – Trustee Hernandez would like to add the Central Phone Number to the tracking system to be available for internal staff and the need to be in conversation with EMT to know where they're driving the patients.

ADJOURNMENT – 6:48 pm

Respectfully Submitted by:


Maria D. Cox
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: _____


Mike Moyer
Interim General Counsel