



ALAMEDA COUNTY MEDICAL CENTER

Highland Campus • Fairmont Campus

John George Psychiatric Pavilion • Ambulatory Healthcare Services

BOARD OF TRUSTEE MEETING

TUESDAY, May 22, 2012

Central Administration Offices Located at Highland Hospital

1411 East 31st Street Oakland, CA 94602

Barbara L. McElroy, Clerk of the Board

(510) 437-8468

MINUTES

THE MEETING WAS CALLED TO ORDER AT 5:03 PM.

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT:

Daniel Boggan, Jr., Barbara Price, Ronald D. Nelson, Floyd Huen, MD, Kirk E. Miller, Stanley M. Schiffman, Anthony Slimick, J. Bennett Tate, Ilene Weinreb, and Barry Zorthian, MD.

Valerie D. Lewis, Esq. was excused.

NON-VOTING MEMBER PRESENT:

Taft Bhuket, MD, Medical Staff President-Elect, was present on behalf of Lyn Berry, MD.

TAB #2 COMMITTEE REPORTS:

Governance Committee Report

Barbara Price, Vice-President & Governance Committee Member presented the committee report on behalf of Valerie D. Lewis, Esq., Chair. She reported the following activity from the May 3, 2012 Governance Committee meeting:

- The committee is unanimously recommending Michele Barraza Lawrence as a potential Trustee and that her name be submitted to the Alameda County Board of Supervisors for approval.
- Board Assessment follow-up is underway.
- The committee is recommending the name change from Alameda County Medical Center to Alameda Health Systems be presented to the Alameda County Board of Supervisors as a formal Resolution.
- A matrix is being developed to identify needed skill sets for potential board members.
- A procedure is being developed for the CEO evaluation process.
- The ACMC Policies & Procedures are being revised and will be presented to the full board at a later date.

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- Trustee Lewis is asking for suggestions on agenda development for the Fall Retreat.

If you have recommendations, please provide to Trustee Lewis, Mr. Lassiter, or the Clerk of the Board for review by the Governance Committee.

Trustee Miller inquired as to the status of the recommended Bylaw changes that were discussed at the April Board Retreat. Wright Lassiter, III, Chief Executive Officer, explained that he and Trustee Boggan would be meeting with the County Administrator and the President of the Board of Supervisors to discuss the Bylaw changes prior to formal submittal to the Board of Supervisors for approval.

ACTION: *A motion was made, seconded, and unanimously accepted the report as presented.*

MOTION: *Trustee Schiffman*

SECOND: *Trustee Huen*

AYES: *Trustees Boggan, Price, Nelson, Huen, Miller, Schiffman, Slimick, Tate, Weinreb, and Zorthian*

NAYS: *None*

ABSTAIN: *None*

ABSENT: *Trustee Lewis*

Quality Professional Services Committee Report

Barbara Price, Chair reported the following activity from the May 17, 2012 Quality Professional Services Committee meeting:

- Confidential peer review and medical staff credentialing and privileging reports were reviewed and approved.
- Medical Staff Organization Policies and Procedures were reviewed and recommended to the full Board for approval; included are the Fire Policies & Procedures. Trustee Price clarified that the Fire policies and procedures had been reviewed several times over the course of the past few months to ensure accuracy. She reported that the Governance Committee had made the recommendation that the Bylaws be revised to provide the QPS Committee with the authority to approve policies and procedures in committee.

Trustee Tate requested clarification on the training process with regards to the change in policy. Trustee Price confirmed that the training is ongoing and when changes occur to policies/procedures the training is updated.

ACTION: *A motion was made, seconded, and unanimously accepted the report as presented.*

MOTION: Trustee Huen

SECOND: Trustee Tate

AYES: Trustees Boggan, Price, Nelson, Huen, Miller, Schiffman, Slimick, Tate, Weinreb, and Zorthian

NAYS: None

ABSTAIN: None

ABSENT: Trustee Lewis

Strategic Planning Committee Report

Floyd Huen, MD, Committee Chair, reported the following activity at the May 21, 2012 Strategic Planning Committee meeting:

Trustee Huen provided an overview of the April Retreat and the strategic priorities established:

- Increase access to primary and speciality care services
- Adopt an efficient physician operating model
- Cost management

Jeff Hoffman from the consulting group Kurt Salmon provided an update on the three main workgroups:

- Access of Network Development (co-chaired by Dr. Seevak and Benita McLarin)
- Value Enhancement (improving the quality of patient experience) co-chaired by Dr. Chapman and Kerin Bashaw, VP Quality
- Physician Operating Model (Dr. Valerie Ng and Douglas Habig are co-chairing this group)

The workgroups will be meeting every few weeks.

An overview of the HPAC was presented at the meeting.

3 of our community clinics received federal grants.

ACTION: A motion was made, seconded, and unanimously accepted the report as presented.

MOTION: Trustee Price

SECOND: Trustee Slimick

AYES: Trustees Boggan, Price, Nelson, Huen, Miller, Schiffman, Slimick, Tate, Weinreb, and Zorthian

NAYS: None

ABSTAIN: None

ABSENT: Trustee Lewis

TAB #3 ACTION: Consent Agenda

ACTION: A motion was made, seconded, and unanimously approved the Consent Agenda as presented.

MOTION: Trustee Tate

SECOND: Trustee Price

AYES: Trustees Boggan, Price, Nelson, Huen, Miller, Schiffman, Slimick, Tate, Weinreb, and Zorthian

NAYS: None

ABSTAIN: None

ABSENT: Trustee Lewis

TAB #4 REPORT: Chief Executive Officer Report

Mr. Lassiter provided an overview of his report:

James Jackson – Mr. Lassiter asked that the Board join him in again welcoming James E.T. Jackson to the ACMC senior executive team as **Vice President-Hospital Administrator** for the Fairmont Hospital Campus. Mr. Jackson most recently served in the senior administrative ranks with Kaiser Permanente and previously served as a senior administrator with Catholic Healthcare West and Children's Hospital Oakland. James will be responsible for ensuring that the patients at Fairmont receive the best possible care, ensuring that our Fairmont campus staff receives optimal leadership and support, and he will lead future operations efforts regarding the San Leandro Hospital transition.

Rebranding Efforts – at the Board's April retreat management was directed to complete talking points to assist Board of Trustee members with communicating to key stakeholders. A copy of the materials is included in the agenda packet.

Strategic Business Partnership for Equipment Acquisition and Servicing – Mark Zielazinski, Chief Information Officer, and Bill Manns, Chief Operating Officer, continue to evaluate pursuing this strategy with either Siemens or GE Healthcare. Both companies have received equipment inventories, and have begun the process of analyzing current and future needs for ACMC. At this time, we anticipate bringing

forward a recommendation regarding the company that ACMC chooses to work with by September 2012, and will likely bring forward a recommendation for contract approval by the Board's fall retreat.

Grant Receipt – Reducing Hospital Readmission Rates - As the Board will recall, reducing hospital readmissions is a priority for all healthcare systems and the federal government continues to focus increased scrutiny in this arena. The Board will also recall that this was the only focus area of our harm reduction initiative where our teams were unable to demonstrate significant improvement. To aid physician leaders and management in our efforts to tackle this refractory problem, ACMC applied to the Gordon & Betty Moore Foundation (GBMF) with a two-year proposal to develop a "Transitional Care Program" at ACMC that aims to reduce all-cause readmissions at 30-days post-discharge by at least 30%, and 90-day post-discharge readmissions by at least 15% over the next two years. The GBMF will be providing ACMC with a ~\$690,000 grant to support the development of this program aimed at high risk patients. ACMC leadership will be providing more specific information regarding this program at future Quality Professional Services Committee meetings and will provide at least semi-annual progress updates to the full Board of Trustees.

Baby Friendly Designation Celebration - On Tuesday, May 15, 2012, we conducted a formal celebration of the Maternal Child Health department's recognition by the World Health Organization as a Baby Friendly Hospital. As we shared with the Board previously, only 3 Bay area hospitals have received this designation: SF General, Kaiser-Hayward, and now Highland Hospital. During this celebration, we heard from a number of patients who related highly satisfying experiences with the physicians and staff during birth of their children. A copy of the materials from last week's event is included in the agenda packet.

Chinese Healthcare Officials Visit – ACMC hosted two leaders from Beijing, China on Monday, May 21, 2012. The visitors represented a public hospital district located just outside of Beijing, and are being hosted in the US by GE Healthcare. The purpose of the visit was to better understand the US Healthcare system, and to understand how public funded and operated healthcare systems function in the US as compared to China. Mr. Shou Qiing Fu, Vice Chairman, Government of Hai Dian District, Beijing City, and Dr. An An Duan, Director, Department of Health and Human Service, Hai Dian District, and former President, Hai Dian District Hospital spent a portion of the afternoon at the Highland Campus. A copy of the agenda is included in the Board packet as Attachment #2 to this report.

National Association of Public Hospitals and Health Care Systems (NAPH) 2012 Annual Conference (June 20 – 22, 2012, San Francisco) – The Clerk of the Board has provided each Trustee with information regarding this conference; Trustees are encouraged to attend if your calendars permit. On Thursday, June 21, Mr. Lassiter will participate on a panel focusing on Strategic Planning imperatives for US public health systems in preparation for a reformed health care environment.

Trustee Tate congratulated Mr. Lassiter on receiving recognition from Modern Healthcare. Mr. Lassiter provided a brief summary of the recognition event that will take place on July 10, 2012, to recognize the recipients in Chicago, IL. He will be traveling to the event to participate along with Board Chair Dan Boggan.

Trustee Boggan added his congratulations and asked the audience to recognize Mr. Lassiter and the hospital for the changes that have occurred under his leadership.

TAB #5 REPORT: Financial and Operations Reporting

A. REPORT: Financial Update for Month Ending April 30, 2012

Marion Schales, Chief Financial Officer, provided an overview of the Financial Update for Month Ending April 30, 2012.

Month-End Summary

For the month ending April 30, 2012, **Total Income** was \$1.6M, resulting in a negative variance of \$735K compared to budget and a negative variance of \$1.6M compared to prior year actual.

Total Income for the month ending April 30, 2012 without **DSRIP** was \$36K, resulting in a negative variance of \$2.3M when compared to budget.

- **Total Operating Revenue** was \$43.7M, which is \$3.3M (7.0%) **under** budget and \$315K **over** previous year.
 - **Net Patient Revenue** was \$14.1M, which was \$6.3M (30.9%) **under** budget and \$2.1M **under** prior year actual.
 - Inpatient days were 5% **under** budget; **outpatient visits** were 22% **under** budget.
 - **Payer mix shifted** from MediCare and Medi-Cal to HealthPac, which has a significantly lower level of anticipated cash collections.
 - **Other Revenue**, at \$29.5M, was \$3.0M (11.5%) **over** budget and \$2.4M **over** prior year actual.
 - Measure A is **over** budget by \$900K due to higher than anticipated sales tax receipts.
 - Supplemental Programs are **over** budget \$2.1M due to an increase in anticipated funding for the Medi-Cal Managed Care supplemental program.
 - Other Operating Revenue is \$608K **over** budget due to YTD adjustments to correct an understatement of Pharmacy revenue.
- **Total Labor Expense** was **under** budget by \$1.5M (5.0%).
 - Total Salaries include YTD adjustments of \$1.2M to capitalize salary expense related to the E.H.R. project.

- FTE per adjusted occupied bed (FTE/AOB) of 6.04 was **over** fixed budget by 0.43 FTE/AOB.
- **Non-labor expense** was \$787K **over** budget. Below are expense categories that varied by more than 10% to budget.
 - **Purchased Services expense** was **over** budget \$513K (19.6%) due to use of management consultants to cover open positions that are mostly covered by labor budgets, strategic initiatives including rebranding, and E.H.R.; payments to security services for three pay periods this month, rather than two; and higher use of billing and collection services.
 - **Outside Medical Services** expense was **over** budget by \$138K (14.7%) due to increased claims for HPAC patients.
 - **General and Administration** expense was **over** budget by \$252K (35.3%). Higher malpractice claims account for \$104K and higher payments to the Alameda County Health Care Foundation account for \$60K.
 - **Repairs/Maintenance/Utilities** expense was **over** budget by \$160K (19.5%), predominantly due to late invoices for plant maintenance and for continuing higher than budgeted cost for phone/cell service.

Year-to-Date Summary

For the month-ending April 30, 2012, year-to-date **Total Income** for Fiscal Year 2011-2012 was \$17.8M, resulting in a positive variance of \$16.2M compared to budget and a negative variance of \$29.6M compared to prior year actual.

For the month ending April 30, 2012, year-to-date **Total Income** for Fiscal Year 2011-2012 without **Delivery System Incentive Program (DSRIP)** was \$700K, resulting in a negative variance of \$863K compared to budget and a negative variance of \$23.5M compared to prior year actual.

Year-to-Date Trends

The following trends continue to contribute to the year-to-date financial performance.

- **Deliveries** are **under** budget by 9% and under prior year by (6%). Highland pediatric visits are also lower as compared to budget and prior year.
- **Average Length of Stay (ALOS)** is lower on the Acute Rehab unit; actual ALOS is 15.7 days, 5.5 days (26%) **under** the budgeted ALOS of 21.1 days.
- **Total Outpatient Clinic Volumes (visits)** are **under** budget by 31,402 visits (11%) and **over** fiscal year 2011 levels by 9,130 visits (4%)
- ACMC used three FTE's **more** than the earned budget, bringing FTE/AOB 0.1% **over** budget.
- The continuing shift in payer mix from Medi-Cal and Commercial Insurance to HealthPac affects overall reimbursement rate negatively.
- Purchased Services is over budget by \$2.7M due to a higher use of management consultants to cover open positions and to cover other strategic initiatives including rebranding and the 3-year strategic plan.

Discussion ensued around strategies to improve systems within the organization.

B. REPORT: Cost Management Strategy

Ms. Schales, presented a follow-up to the April Board Retreat. During the Retreat, management provided a status report to the Board of Trustees on the progress of the cost management assessment that was performed by MedAssets during the first quarter of calendar year 2012. One of the follow up items was to provide the results from the assessment with identified opportunities to improve organizational cost effectiveness in labor, supplies, construction and purchased services. She reminded the Board that improving organizational cost effectiveness is one of the top five priority strategic initiatives adopted by the Board. In addition, the "Burning Platform slide" from the Kaufman Hall presentation, also adopted by the Board, requires ACMC to achieve a \$164 million cumulative improvement in cost management by 2021.

Ms. Schales introduced Shaun Cleary, Vice President, Enterprise Solutions who lead the presentation on Operational Expense Reduction Assessment. Mr. Cleary introduced the team: Jack Datz – VP, Performance Improvement; David Heath – Region Vice President, Rishabh Parmar – VP, Workforce Solutions; and Jason Erdell - Managing Director, MedAssets.

The team presented an overview of the following:

MedAssets Clients

Scope, Approach, and Deliverables of the program

Annualized Savings Opportunities

Assessment & Qualified Opportunities:

Labor/Workforce - \$16.5M to \$26.2M Savings Potential

- Workforce Optimization Approach Drives Progressive Improvement
- Key Stakeholders Interviewed
- Overtime Spend as % of Productive Spend
- Agency Spend as % of Productive Spend
- RN Rate Comparison (Agency vs. Core Staff)
- Staffing Optimization Opportunity in ICU
- Preliminary Non-OT Opportunity in Key Patient Care Areas
- Preliminary Opportunity from Internal Benchmarking of Key
- Ancillary and Non-Clinical Departments
- Opportunities Identified and Recommendations

Strategic Sourcing - \$2,187,487 to \$4,887,477 Savings Potential

- Annual Physician Preference Items (PPI) Spend for ACMC
- PPI Manufacturer Profile
- ACMC Physician Preference Items Opportunities
- Purchased Services

Pharmacy - \$420,000 to \$896,000 Savings Opportunity

- Process to achieve 340B-savings opportunities
- Pharmacy Services Savings

Construction Services - \$675,000 Savings Opportunity

Clinical Documentation (Coding) - \$685,143 Net Revenue Opportunity

Rapid Process Improvement

- Radiology, Adult Clinic, and Nurse Staffing office

Next Steps Toward Sustainable Savings

1. Immediate Implementation of Easiest Initiatives
2. Establish Implementation Timeline
3. Initiate Governance & Change Management Office
4. Execution

Discussion ensued regarding the implementation of the processes to ensure cost management is accomplished.

The Board requested quarterly updates be provided on the status of this program.

TAB #6 ACTION: Contracts & Capital Authorization

Ms. Schales recommended the following contracts for approval:

A. ACTION: Authorization for the CEO to Execute the Following Contracts:

1. Contract renewal with ***East Bay Foundation for Graduate Medical Education*** for ACMC's surgical residency program for a one year term ending June 30, 2013, not to exceed amount: **\$2,055,212**

ACTION: A motion was made, seconded, and unanimously approved the East Bay Foundation for Graduate Medical Education contract as presented.

MOTION: Trustee Price

SECOND: Trustee Nelson

AYES: Trustees Boggan, Price, Nelson, Huen, Miller, Schiffman, Slimick, Tate, Weinreb, and Zorthian

NAYS: None

ABSTAIN: None

ABSENT: Trustee Lewis

2. Bi-lateral Agreement with ***UHS & Carefusion*** for new IV and PCA Pumps, for a four year term through September 14, 2016, not to exceed amount: **\$3,923,280**

ACTION: *A motion was made, seconded, and unanimously approved the UHS & Carefusion Agreement as presented.*

MOTION: *Trustee Schiffman*

SECOND: *Trustee Price*

AYES: *Trustees Boggan, Price, Nelson, Huen, Miller, Schiffman, Slimick, Tate, Weinreb, and Zorthian*

NAYS: *None*

ABSTAIN: *None*

ABSENT: *Trustee Lewis*

3. Contract amendment with ***Nighthawk Radiology Services, LLC (VRad)*** for teleradiology services, extending the term through April 6, 2014, not to exceed amount ***\$1,477,192***

ACTION: *A motion was made, seconded, and unanimously approved the Nighthawk Radiology Services, LLC (VRad) contract amendment as presented.*

MOTION: *Trustee Huen*

SECOND: *Trustee Slimick*

AYES: *Trustees Boggan, Price, Nelson, Huen, Miller, Schiffman, Slimick, Tate, Weinreb, and Zorthian*

NAYS: *None*

ABSTAIN: *None*

ABSENT: *Trustee Lewis*

Trustee Price requested that a report on the accountability of this contract be given to the Quality Professional Services Committee in the near future.

4. New Contract with ***Waste Management*** for the consolidation of waste resources services through June 30, 2015, not to exceed amount: ***\$1,235,928***

ACTION: *A motion was made, seconded, and unanimously approved the Waste Management contract as presented.*

MOTION: *Trustee Schiffman*

SECOND: *Trustee Price*

AYES: *Trustees Boggan, Price, Nelson, Huen, Miller, Schiffman, Slimick, Tate, Weinreb, and Zorthian*

NAYS: *None*

ABSTAIN: *None*

ABSENT: *Trustee Lewis*

5. New contract with ***Towne Park, Ltd.*** for parking management and shuttle services through June 30, 2015. Not to exceed amount: **\$2,574,492**

ACTION: A motion was made, seconded, and unanimously approved the Town Park, Ltd. contract as presented.

MOTION: ***Trustee Schiffman***

SECOND: ***Trustee Price***

AYES: *Trustees Boggan, Price, Nelson, Huen, Miller, Schiffman, Slimick, Tate, Weinreb, and Zorthian*

NAYS: *None*

ABSTAIN: *None*

ABSENT: *Trustee Lewis*

6. Contract addendum for ***Quest Diagnostics*** to provide laboratory services, increasing contract cost by **\$434,941** through current contract term date October 31, 2012.

ACTION: A motion was made, seconded, and unanimously approved the Quest Diagnostics contract addendum as presented.

MOTION: ***Trustee Schiffman***

SECOND: ***Trustee Huen***

AYES: *Trustees Boggan, Price, Nelson, Huen, Miller, Schiffman, Slimick, Tate, Weinreb, and Zorthian*

NAYS: *None*

ABSTAIN: *None*

ABSENT: *Trustee Lewis*

7. Contract addendum for ***Genesis Medical Staffing, Inc.*** to provide temporary medical staffing services, increasing contract cost by **\$353,693** though current contract term date October 21, 2012

ACTION: A motion was made, seconded, and unanimously approved the Genesis Medical Staffing, Inc. contract addendum as presented.

MOTION: ***Trustee Price***

SECOND: ***Trustee Huen***

AYES: Trustees Boggan, Price, Nelson, Huen, Miller, Schiffman, Slimick, Tate, Weinreb, and Zorthian

NAYS: None

ABSTAIN: None

ABSENT: Trustee Lewis

TAB #7 RESOLUTION: Commitment To Trauma Care (Resolution 2012-007)

Kimberly C. Horton, RN, MSN, DHA, Chief Nurse Executive, presented Resolution 2012-007. The resolution memorializes and re-emphasizes the commitment of the Board with respect to our ongoing support of, and commitment to our Trauma Care Service.

ACTION: *A motion was made, seconded, and unanimously adopted Resolution 2012-007 as presented.*

MOTION: Trustee Schiffman

SECOND: Trustee Huen

AYES: Trustees Boggan, Price, Nelson, Huen, Miller, Schiffman, Slimick, Tate, Weinreb, and Zorthian

NAYS: None

ABSTAIN: None

ABSENT: Trustee Lewis

TAB #8 ACTION: Recommendation of New Appointee for Board of Trustees to Alameda County Board of Supervisors

Barbara Price, Vice-President & Governance Committee Member, presented the recommendation of the Governance Committee for Michele Barraza Lawrence's name to be recommended to the Alameda County Board of Supervisors as an appointee to the APMC Board of Trustees.

ACTION: *A motion was made, seconded, and unanimously approved the recommendation as presented.*

MOTION: Trustee Nelson

SECOND: Trustee Huen

Trustee Tate added that he had the opportunity to interview Ms. Lawrence and as a candidate she will add significant value to the APMC Board of Trustees.

AYES: Trustees Boggan, Price, Nelson, Huen, Miller, Schiffman, Slimick, Tate, Weinreb, and Zorthian

NAYS: None

ABSTAIN: None

ABSENT: Trustee Lewis

TAB #9 UPDATE: APMC Quality Initiatives

Kerin Bashaw, MPH, RN, VP, Quality, reported on behalf of Kathleen Clanon, MD, Interim Chief Medical Officer.

In July 2010, APMC launched an unprecedented effort to reduce errors and improve patient safety on its three campuses. 18 months later, APMC can claim that 9 out of our 10 teams met or exceeded the 50 percent reduction in harm goal.

Reasons for Success

- Board and leadership commitment
- Leadership and staff engagement and commitment to the goal
- The project engaged everyone. It improved team work, enhanced relationships and further advanced our improvement skills.

Ms. Bashaw referenced presentation materials provided to the Trustees which contained a memo from Dr. Kathleen Clanon, the interim CMO and the physician champion of our Harm Reduction Team initiatives. In your folder there is also a copy of a report summarizing APMC's Journey through the first 18 months of the HRT Initiative. The report provides a wonderful summary of team work, improvement, and system transformation.

We know that APMC can and must improve and innovate to survive with the many changes in health care reform. We believe that the HRT efforts have provided the organization with a solid foundation for system transformation. We also believe that recognition and celebration of our efforts is key to maintaining momentum.

Also enclosed in your folder is a DVD of our video, "Yes We Can! " While we plan to share the video and print report with colleagues, advocacy groups, and opinion leaders, the primary goal is recognition and celebration of our people.

Ms. Bashaw personally thanked Dr. Chang, Dr. Clanon, John Eric Henry, and Nancy Halloran - the HRT Leadership Team; as well as Elena Siani, once the team intern and now Project Assistant.

A very special thank you to "Break through Communities" - a non-profit organization that coordinated the production and filming of the video *Yes We Can!*.

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- Paloma Pavel the Producer
 - Rick Butler - The Director
 - The entire production team for going above and beyond and producing a powerful video in celebration of our staff.

As a reminder, we are currently assessing and planning phase II of the HRT initiative. Plans will be presented in July, 2012.

At the conclusion of Ms. Bashaw's report, the video *Yes We Can!* was viewed.

TAB #10 REPORT: Medical Staff President Report

Taft Bhuket, MD, Medical Staff President-Elect, presented the medical Staff President Report on behalf of Dr. Lyn Berry. Highlights to the report included:

CMO Transitioning: The Medical Staff has started leadership meetings with Dr. Kathleen Clanon, Interim CMO. Dr. Clanon was not able to attend the May Medical Executive Committee meeting but is preparing to attend and report at the June meeting.

People in the News: Dr. Lyn Berry and her Reducing Re-Admissions Team have recently received a \$700K grant from the Betty Moore Foundation. The grant initiative is focused on achieving significant impact to improve patient care with reducing readmission rates. Congratulations to Dr. Berry and her team.

Physician Award: The Medical Staff is pleased to announce the recipient of the 2012 Physician Award, Indhu Subramanian, MD, Pulmonary Medicine. Dr. Subramanian joined ACMC in August 2006. Dr. Subramanian received many nominations from her peers. As stated in one of the nominations, "Indhu is an outstanding clinician, teacher, patient advocate, champion of the harm reduction teams including sepsis VAP, central lines and is Chair of the Resuscitation Committee".

Physician Clinical Portal: In the last few weeks meetings have taken place to develop and identify content for the upcoming Physician Clinical Portal. The Medical Staff is reviewing options and functionality for use of this portal as a tool for an on-line clinical reference guide for ACMC physicians.

Medical Record Delinquencies: A discussion took place at Medical Executive Committee to address the issues surrounding record delinquencies. The Medical Staff appointed an adhoc committee of three people to review and determine level of enforcement to be implemented as a step to improve practice. The Medical Staff will collaborate with Nursing leadership to develop group effort to assure concurrently that orders, notes, patient documentation is recorded timely and accurately in each patient record. The HIMS Committee will be expected to assure reporting data and record

review is accurate. The Medical Staff will also review the possibility of Bylaws revision to implement delinquent record fees associated with delinquency issues.

TAB #11 INFORMATION: Health Policy and Advocacy Update

Patricia Barrera, J.D., Director of Legislative Affairs & Community Advocacy, provided an update to health policy and advocacy. She provided an overview of the California budget and the recent AHA Annual Meeting in Washington DC.

TAB #12 INFORMATION: ACMC Media Report

Warren Lyons, Chief Strategy and Integration Officer, presented the monthly media report. He highlighted the coverage of the documentary film by Pete Nicks, "The Waiting Room". The film will be shown at the upcoming NAPH Annual meeting in July. Mr. Lassiter added that a potential briefing of the documentary may happen later this year on Capitol Hill.

TAB #13 INFORMATION: Follow-up Issues

Trustee Boggan noted there would be a celebration for Trustees Price and Weinreb at the June Board of Trustees meeting. In addition, Trustee Price has been named to the JPA as ACMC's designee.

TAB #14 REPORT: Legal Counsel's Report on Action Taken in Closed Session

Douglas B. Habig, General Counsel, reported the Board considered matters relating to significant risk of litigation. In addition, they met with their labor negotiator to approve tentative agreements with ACMEA, UAPD, and BTC.

Public Comments:

Ms. Laverne Buffett addressed the Board regarding a complaint filed with Patient Affairs. Her issue is that her medical records were faxed without her permission. Patient Affairs sent her a letter that they could no longer speak to her. Ms. Buffett feels they have dropped the ball on her. The information about a disease that she contracted in a nursing home in 1990 when she was a CNA was faxed to a doctor's office without her permission. Also, she had a visit to JGPP in 2008 due to personal issues. The psychiatric report was faxed to the doctor's office as well. She has been at the Highland campus for the past 2 – 3 days trying to get information from Medical Records. Susan has called the Sheriff and had me escorted out of the hospital. Today I went to the

Sheriff Dept. and told them I spoke to BETA your insurance company. I explained to BETA that every time I come here they call the Sheriff on me. The Sheriff told me to go to medical records and try to get the paperwork and if they don't provide it, they will come down here. Medical Records has no information that states there turnaround time is 5 – 14 days. Also there is something on the board that says Patient Rights regarding medical records; they refused to give me a copy of that. She is asking for anyone on the Board to help her get the paperwork she is seeking.

Trustee Boggan explained that the complaint will be taken on advisement and someone will get back to her.

Board of Trustees Remarks: None.

ADJOURNMENT: THE MEETING WAS ADJOURNED AT 7:39 PM.

Respectfully Submitted by:

Barbara L. McElroy,
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: _____


Douglas Habig, Esq.
General Counsel