



ALAMEDA COUNTY MEDICAL CENTER

Highland Campus • Fairmont Campus

John George Psychiatric Pavilion • Ambulatory Healthcare Services

QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING

Thursday, January 17, 2013

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 4:40 PM.

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT:

Barry Zorthian, MD and Anthony Slimick.

Daniel Boggan, Jr. was excused.

NON-VOTING MEMBERS PRESENT:

Taft Bhuket, MD

Joe Walker, MD was excused.

TAB #2 ACTION: Approval of Minutes

ACTION: *A motion was made, seconded, and unanimously approved the Minutes from the October 18, 2012 Quality Professional Services Committee Meeting as presented.*

MOTION: *Trustee Slimick*

SECOND: *Trustee Zorthian*

AYES: *Trustees Zorthian and Slimick*

NAYS: *None*

ABSTAIN: *None*

ABSENT: *Trustee Boggan*

The Minutes from the November 29, 2012 Quality Professional Services Committee meeting will be placed on the February 27, 2013 QPSC agenda.

ACTION: *A motion was made, seconded, and unanimously approved the Minutes from the December 1, 2012 Quality Professional Services Committee Retreat as presented.*

MOTION: *Trustee Slimick*

SECOND: *Trustee Zorthian*

AYES: *Trustees Zorthian and Slimick*

NAYS: *None*

ABSTAIN: *None*

ABSENT: *Trustee Boggan*

TAB #3 ACTION: Approval of Policies and Procedures

Kerin Bashaw, MPH, RN, VP, Quality, presented the following policies and procedures for approval:

- Universal Congenital Heart Disease Screening
- Rooming-In Policy
- Enteral Feeding Tube Placement

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

MOTION: *Trustee Slimick*

SECOND: *Trustee Zorthian*

AYES: *Trustees Zorthian and Slimick*

NAYS: *None*

ABSTAIN: *None*

ABSENT: *Trustee Boggan*

TAB #4 INFORMATION: Patient Story

Kathleen Clanon, MD, Interim Chief Medical Officer, presented a patient story centered on the care transition team.

TAB #5 REPORT: Medical Executive Committee

Taft Bhuket, MD, Chief of Staff, ACMC Medical Staff reported on the January 16, 2013 Medical Executive Committee meeting.

- Kim Horton, RN, Chief Nurse Executive, presented a report on the bonds between nurses and doctors.
- Dr. Clanon provided highlights of the Physician Organization Model.
- Hands on training for Soarian (EHR system) will begin February 12, 2013.
- The medical staff is working with the IT Department to develop a web accessible call schedule. Currently, the only way to determine on-call staff is to call the hospital operators, who look up the information manually. The web based model will assist with communication.
- Physician survey is moving forward.
- January 29, 2013 will be the annual meeting for the organization.
- MEC is now utilizing BoardEffect to manage meeting content.
- There has been a leadership change in the Orthopedics department; Dr. Shah has stepped down and Dr. Michael Krosin is the new Chief of Orthopedics.
- There has been some security issues in the public buildings, discussions are taking place with the executive team. In approximately two weeks, a new security plan will be rolled out.
- MEC is discussing the best way to address the policy & procedures process.

TAB #6 REPORT: VP, Quality

Ms. Bashaw reported on the following:

A. Retreat Review- Role of the Board

The Committee reviewed the Minutes of the December 1, 2012 QPSC Retreat. Specifically, the discussion ensued around what the Committee wants their aim to be.

Best practices discussed:

- Utilizing a dashboard to keep the committee on track
- Utilizing patient stories to put a “face” on the data
- Structure of the Committee – majority of Trustees should be lay person, with the possibility of including patient representatives.

Discussion around the process of including patient representatives on the Committee ensued.

Wright Lassiter, III, Chief Executive Officer, will have staff provide the framework of how best to incorporate patients into the committee structure.

B. Discussion 2013 Plan

The 2013 QPSC work plan was presented. A theme has been identified for each meeting; the patient story will anchor the theme. 30 – 40 minutes of each meeting will be focused on strategy. Dashboard review will occur bi-monthly.

The consensus of the Committee approved the plan.

C. Quality and Safety AIM

The Committee discussed what to promote as a bold statement. Two options were presented: Harm Reduction Team Initiative (Phase II – Quest for Zero) or Re-admissions. Dr. Clanon explained that both initiatives would be pursued by staff; but recommended that the Committee choose an initiative to emphasis as an AIM. The consensus of the Committee was to track Re-admissions as the Committees bold statement.

TAB #7 INFORMATION: Issue Tracking & Follow-up

Trustee Zorthian reported that the Quality Measures dashboard will be presented bi-monthly and is now a Closed item. The Summit Series invitations have been sent out, the item is now Closed.

TAB #8 UPDATE: Summit Series

Trustee Zorthian provided an overview of the web based study series. There are a total of 12 study videos which are from 15-20 minutes in length. The Committee discussed the frequency in which study sessions will be included on agendas. Trustee Zorthian recommended that the first series be reviewed at the next meeting.

The Clerk of the Board was asked to send reminders to the Summit Series group to review the study sessions included on QPSC agendas.

TAB #9 REPORT: Legal Counsel's Report on Action Taken in Closed Session

Douglas B. Habig, General Counsel, was not present at the meeting; Trustee Zorthian reported that in Closed Session the Committee considered confidential peer review matters and approved credentialing.

ADJOURNMENT: The meeting adjourned at 5:59 pm.

Respectfully Submitted,

Barbara L. McElroy
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: 

Douglas B. Habig, Esq.,
General Counsel