



**QUALITY PROFESSIONAL SERVICES
COMMITTEE MEETING
Thursday, February 26, 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 3:49 PM

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT:

Barry Zorthian, MD, Kinkini Banerjee, and Michele Lawrence

Excused: Joe DeVries and Maria Hernandez

Non-Voting Members present: Drs. Joe Chew, 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 January 29th, 2014 Quality Professional Services Committee Meeting.

ACTION: A motion was made and seconded, and the Committee approved the minutes of January 29th, 2015.

TAB #3 ACTION: Approval of Policies and Procedures

Alameda Health System Policies

Administrative

- Code Blue
- Emergency Medical Treatment and Active Labor Act (EMTALA)
- Pain Assessment and Management

Clinical

- Biological Therapy Dose Rounding Down Policy (Attachment)
- Medications: High Risk/High Alert
- Telephone Care

Department

Medications: Multi-Dose Vials

San Leandro Hospital Policies

Clinical

- Intravenous Admixture Service
- Medication: Anticoagulation Management Program, Monitoring and Adjustment for Therapeutic Usage
- Medication: Compounding 1735 Compliance
- Medication: Hazardous Drugs
- Medication: High Alert Drugs (Attachment)
- Medication: Sound Alike/Look Alike Medications
- Medication: Ordering and Processing
- Medication: Return of Outdated or Overstocked Drugs

Department

- Pharmacy and Therapeutics Committee (Attachment)
- Code Blue in the MRI Suite
- Infection Control Practices in Radiology
- MRI Oxygen Tank

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

TAB #4 REPORT: System Access

William Peruzzi, MD, Chief Medical Officer (CMO) gave a report to the committee regarding system access. Ambulatory system is being reorganized; the Vice President position has been eliminated; we are developing more structure and stronger work relationships between administrative/managerial staff and directors of the clinics. The Executive Medical Physician position is also open. There is a need to hire a leader in the area of population health; there are a number of strong candidates internally. The CMO provided a brief description of population health; it's a very broad concept our ability to address an infrastructure that allows us to prepare ourselves and deal with at risk contracts that we will be responsible for managing hundreds of thousands of lives; similar to Kaiser; managing patients health and illnesses; working to keep people healthier and out of hospitals but also working with disease management. Committee discussion ensued.

TAB #5 REPORT: Medical Executive Committee

Joe Chue, MD, Vice Chief of Staff, San Leandro Hospital (SLH) presented the Medical Executive Committee report to the Quality Professional Services Committee. The committee reviewed and approved the pharmacy technician job description based on new standards from Medication Error Reduction Plan (MERP). An overview of True North Metrics and access/growth in the ER for length of stay (LOS) for admitted and discharged patients was provided. Committee discussion ensued.

John Iocco, MD presented the Medical Executive Committee report to the Quality Professional Services Committee. The committee addressed the following unresolved issues impacting patient care; Inter-facility transfer protocols, additional GI coverage, subspecialty clinic referral process, intervention radiology and CCU bed replacements. Committee discussion ensued.

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 the committee added a standing report on AHS financials. The efforts to engage physicians is going very well; we posed a challenge to the MEC that every department chair have a conversation with their administrator regarding budget, participation is 100%. Committee discussion ensued.

All reports were accepted as presented.

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

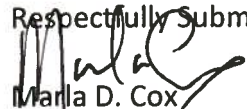
Joel Isaacson, Associate General Counsel reported the committee reviewed and approved peer review and credentialing reports for the 3 medical staffs.

Public Comments - None

Board of Trustees Remarks – None

ADJOURNMENT – 5:11 pm

Respectfully Submitted by:


Marla D. Cox
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: 

Mike Moya
Interim General Counsel