



QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING
Wednesday, February 27, 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 4:50 PM.

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT:

Barry Zorthian, MD, Michele Lawrence, and Anthony Slimick.

Daniel Boggan, Jr. was excused.

NON-VOTING MEMBERS PRESENT:

Taft Bhuket, MD

Joe Walker, MD was excused.

Trustee Zorthian introduced Michele Lawrence, recently appointed Trustee and newest member to the QPS Committee.

TAB #2 ACTION: Approval of Minutes

ACTION: A motion was made, seconded, and approved the Minutes from the November 29, 2012 Quality Professional Services Committee Meeting as presented.

Trustee Lawrence abstained as she was not a member of the Committee in November, 2012.

MOTION: Trustee Slimick
SECOND: Trustee Zorthian

AYES: Trustees Zorthian and Slimick

NAYS: None

ABSTAIN: Trustee Lawrence

ABSENT: Trustee Boggan

The Minutes from the January 16, 2013 Quality Professional Services Committee meeting will be placed on the March 21, 2013 QPSC agenda.

TAB #3 ACTION: Approval of Policies and Procedures

Trustee Zorthian provided an overview of the policy and procedure summary document as a resource to assist the Committee with policy and procedure review.

Kerin Bashaw, VP Quality, and Wright Lassiter, III, Chief Executive Officer, provided further explanation of the approval process and how it will be streamlined moving forward to minimize the number of policies the Board will have to review.

Policies and Procedures presented:

- Fluoride Varnish Application
- Creutzfeldt-Jakob Disease
- Law Enforcement Reporting
- Chronic Use of Controlled Medication in Ambulatory Clinic
- Neuraxial Blockade and Anticoagulants
- Clinical Privileges – Special Procedure Performed by EMT
- Clinical Privileges – Special Procedure Performed by Paramedics
- Routine Exercise Program for SNF
- SNF Physician Therapy Assessment and Care Planning
- Utilization Review/Management Plan
- Authority of the Infection Control Committee
- The Infection Control Program
- Mission, Philosophy and Scope of Service
- Influenza Control Plan
- Avian Influenza Control Plan
- Pandemic Influenza Plan
- Construction and Renovation Infection Control Guidelines
- Hand Hygiene
- Patient/Visitor Exposure to Body Substances/Fluids
- Public Safety Exposure Notification
- Reportable Disease Conditions
- Infection Control Employee Health Program
- Aerosol Transmissible Disease Control Plan

- Bloodborne Pathogen Exposure Control Plan
- Badge Network Access Policy
- Data Backups and Archiving
- Electronic Data Retention and Disposal
- Employee Email Policy
- Internet and Intranet Web Publishing
- IT Activity Logging
- IT Change Management Policy
- IT Data Security Policy
- IT Desktop Refresh Policy
- IT Emergency Support
- IT Equipment Disposal
- IT Equipment Policy
- IT Mobile Device Policy
- IT Network Access Policy
- IT Procurement Policy
- IT Software Standards Policy
- IT Supported Operating Systems Policy
- PHI Policy for Faxing, Workstations and Printers
- Security Audit Policy
- Screen Savers
- Server Change Policy
- Telecommunications
- Text Messaging
- Web (Internet) Usage Policy
- Hazardous Materials and Waste Management
- Emergency Spill Response Plan (Critical Incident Plan)
- Privately Owned Computer Policy

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

MOTION: *Trustee Lawrence*

SECOND: *Trustee Slimick*

AYES: *Trustees Zorthian, Lawrence, and Slimick*

NAYS: *None*

ABSTAIN: *None*

ABSENT: *Trustee Boggan*

TAB #4 INFORMATION: Patient Story

Kim Horton, RN, Chief Nurse Executive, presented a patient story centered on pressure ulcers.

The Committee discussed the introduction of patient stories at the meeting; the process is a best practice in the area of Quality in medicine.

TAB #5 REPORT: Culture of Safety Survey

Susan Brajkovic, Director, Accreditation, Risk Management and Patient Safety, presented the 2012 Culture of Safety Survey results; a system wide survey.

- Based on the Agency for Healthcare Research and Quality (AHRQ)
- Required by TJC (The Joint Commission)
- 44 questions related to Patient Safety
- Recommended frequency: every 2 years (last done at ACMC in 2010)

Topics presented included:

- Response Comparison
- What do respondents think we do well?
- Teamwork
- Management Support
- Communicating
- Safety Events
- Reporting
- Where can we Improve?
- Staffing and Agency Workers
- Long Hours
- Communication between Units
- Punitive Culture
- Next Steps

Just Culture Elements:

1. Creating a Learning Culture
 - Teach risks through near misses, events
2. Creating Open and Fair Culture
 - Balance between system and individual accountability
3. Design Safe Systems
 - Anticipate human error
 - Facilitate good decisions

4. Manage Behavioral Choices

- Productively coach employees around reliable behaviors
- Recognize when remedial, disciplinary, or punitive action is needed

Just Culture - A model for managing organizational risk: knowing error will occur, designing safer systems to anticipate that, and treating employees in a just manner when errors do occur.

TAB #6 REPORT: Strategic Dashboard

Due to time constraints, this agenda item will be moved to the March 21, 2013 QPSC meeting.

TAB #7 REPORT: Medical Executive Committee

Due to time constraints, Taft Bhuket, MD, Chief of Staff, AHS Medical Staff, will present his report to the full Board on March 27, 2013.

TAB #8 INFORMATION: Issue Tracking & Follow-up

Regarding the Summit Series, Trustee Zorthian requested that the Clerk of the Board provide a link to ORBoardWorks through BoardEffect. Series 1 & 2 will be included on the March agenda for review.

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 6:20 pm.

Respectfully Submitted,

Barbara L. McElroy
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by:


Douglas B. Habig, Esq.,
General Counsel