



QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING

Thursday, March 21, 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 4:39 PM.

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT:

Barry Zorthian, MD, Michele Lawrence, and Daniel Boggan, Jr.

Anthony Slimick was excused.

NON-VOTING MEMBERS PRESENT:

Taft Bhuket, MD and Joe Walker, MD.

TAB #2 ACTION: Approval of Minutes

ACTION: A motion was made, seconded, and approved the Minutes from the January 16, 2013 Quality Professional Services Committee Meeting as presented.

Trustee Lawrence abstained as she was not a member of the Committee in January, 2013.

MOTION: Trustee Boggan

SECOND: Trustee Zorthian

AYES: Trustees Zorthian and Boggan

NAYS: None

ABSTAIN: Trustee Lawrence

ABSENT: Trustee Slimick

The Minutes from the February 27, 2013 Quality Professional Services Committee meeting will be placed on the April 18, 2013 QPSC agenda.

TAB #3 ACTION: Approval of Policies and Procedures

The Committee discussed the process of approving policies and procedures with regards to the compliance requirements of accrediting agencies. Kerin Bashaw, VP Quality, discussed a possible 2 tier approach whereby high impact critical policies would be reviewed by the Board and procedural policies would be informational only.

Policies and Procedures presented:

- Medication: Diatrizoate (Gastrografin) Oral Contrast Solution Administration
- Standardized Procedure: Sepsis and Sepsis Shock, Adult Management Sepsis Resuscitation
- Chain of Command and Stop the Line
- Care of Imminently Dying Patient
- Primary Care Cancer Screening Standing Orders
- Advanced Practice: Mid-Level Practitioner Standardized Protocol – Surgery
- Critical Results and Critical Results Communication
- Health Care Decisions of Unrepresented Patients
- Withholding/Withdrawing Life Sustaining Treatments
- Volunteer Policy
- Falls Risk Reduction Protocol
- Exempt and Gross Only Specimens
- Point of Care Testing (POCT) at APMC
- Point of Care Testing – Personnel
- Post Mortem Exam (Autopsy)
- Venipuncture
- Laser Safety
- Sterile Processing: 01 Definition (Terminology)
- Sterile Processing: 01 Functions and Role
- Sterile Processing: 01 Objectives
- Sterile Processing: 01 Performance Improvement Plan
- Sterile Processing: 01 Principles of Cleaning and Decontamination
- Sterile Processing: 01 Principles of Sterilization
- Sterile Processing: 01 Purpose and Goal
- Sterile Processing: 02 Disposable Versus Non-Disposable Items
- Sterile Processing: 02 Dress-Attire
- Sterile Processing: 02 Education and Training

- Sterile Processing: 02 Employee Initiatives Roster
- Sterile Processing: 02 Food and Drink
- Sterile Processing: 02 Lending and Borrowing Loaner Instruments and Equipment
- Sterile Processing: 02 Orientation of New Employees
- Sterile Processing: 02 Physical Layout of Department
- Sterile Processing: 02 Reprocessing Disposable Supplies
- Sterile Processing: 02 Staff Competency
- Sterile Processing: 03 Bloodborne Pathogen Exposure Control Plan
- Sterile Processing: 03 Environmental Cleaning of the Department
- Sterile Processing: 03 Hand Hygiene
- Sterile Processing: 03 Handling of Sharps
- Sterile Processing: 03 Management of Medical Waste
- Sterile Processing: 03 Traffic Control
- Sterile Processing: 04 Department Responsibilities in a Disaster
- Sterile Processing: 04 Safety
- Sterile Processing: 04 Equipment Care & Maintenance
- Sterile Processing: 04 Fire Safety
- Sterile Processing: 04 Hazardous Materials Spill Management
- Sterile Processing: 04 Material Safety Data Sheet – How to Read
- Sterile Processing: 05 Inspection and Preparation of Autoclaves
- Sterile Processing: 05 Medivators DSD EDGE, Veriscan & Scope Buddy, Care & Operating
- Sterile Processing: 05 Operations and Care of Steam Sterilizer
- Sterile Processing: 05 Operation of Rinser-Dryer
- Sterile Processing: 05 Operation of Sterrad Sterilizer
- Sterile Processing: 05 Operation of Ultrasonic Cleaner
- Sterile Processing: 05 Operation of Washer-Disinfector
- Sterile Processing: 05 Sterilization Container for Immediate Use Sterilization
- Sterile Processing: 05 Sterilization of Container for Routine Use
- Sterile Processing: 06 Care and Cleaning of Instruments
- Sterile Processing: 06 Chemical Disinfectants
- Sterile Processing: 06 Cleaning of Equipment and Instrument Trays
- Sterile Processing: 06 Processing of Laryngeal Mask Airway
- Sterile Processing: 06 Processing of Laryngeal blades & handles
- Sterile Processing: 06 Receiving and Handling Decontamination
- Sterile Processing: 06 Reprocessing of Endoscopic Instruments
- Sterile Processing: 07 Preparation of Instruments & Supplies for the Sterrad Sterilizer
- Sterile Processing: 07 Preparation of Sterile Trays and Instrument Sets
- Sterile Processing: 07 Processing of Instruments and Procedure Trays

- Sterile Processing: 07 Processing of Instruments Used on Patients With Suspected CJD
- Sterile Processing: 08 Date Stamping
- Sterile Processing: 08 Envelope Wrapping
- Sterile Processing: 08 Event Related Sterility
- Sterile Processing: 08 Paper to Plastic Wrapping
- Sterile Processing: 08 Stock Rotation
- Sterile Processing: 08 Storage of Sterile Supplies
- Sterile Processing: 08 Wrapping-Labeling & Shelf Life of Sterile Supplies
- Sterile Processing: 09 Biological Indicator Incubation
- Sterile Processing: 09 Biological Indicator Use
- Sterile Processing: 09 Biological Monitoring
- Sterile Processing: 09 Biological Monitoring for Sterrad
- Sterile Processing: 09 Bowie Dick Test
- Sterile Processing: 09 Hydrogen Peroxide Gas Plasma Sterilization Procedures
- Sterile Processing: 09 Immediate Use Sterilization
- Sterile Processing: 09 Lot Load Monitoring
- Sterile Processing: 09 Product Recall Procedures
- Sterile Processing: 09 Recall of Hospital Sterilized Items
- Sterile Processing: 09 Sterilized Record Keeping
- Sterile Processing: 09 Steam Sterilization Procedures

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

MOTION: *Trustee Boggan*

SECOND: *Trustee Lawrence*

AYES: *Trustees Zorthian, Boggan, and Lawrence*

NAYS: *None*

ABSTAIN: *None*

ABSENT: *Trustee Slimick*

TAB #4 INFORMATION: Patient Story

Kathleen Clanon, MD, Interim Chief Medical Officer, presented a video of a patient story centered on a couple's positive experience in the Maternal Child Health Department.

TAB #5 REPORT: Strategic Dashboard

Ms. Bashaw provided the Committee with an overview of the dashboard components including historical significance that create the dashboard components.

The Committee inquired as to whether there are programs that provide housing for those patients that are homeless?

Ms. Bashaw replied that the Care Transitions program, which is funded through DSRIP and a grant from the Gordon and Betty Moore Foundation, supports a pilot program that addresses the re-admission issue for those patients that are without housing. There are enough funds to maintain the program for another year.

Further discussion ensued with regard to the re-admission initiative and programs addressing the reduction in re-admissions throughout the organization.

TAB #6 STRATEGIC FOCUS REPORT: Patient Experience

Varsha Chauhan, Executive Director, System Transformation Center, presented an overview of the Patient and Family Centered Care (PFCC) department and how the vision aligns with AHS strategic goals of Patient Experience (Patients feel valued, cared for and continue to choose us as their medical home/provider of care) and Workforce Development (Culture of excellence in the workforce that empowers staff to embrace and lead transformation to a high performance health system). The PFCC vision enhances the AHS vision.

Topics covered:

- Current & Future State of Patient Experience
- AHS Statistics (2010 – 2015)
- PFCC Model
- Measures of Success
- Strategies to achieve Strategic Goal #4: Experience
- Strategies to achieve Strategic Goal #6: Workforce
- PFCC & DSRIP Goals

Summary of the program:

PFCC works collaboratively to ensure:

- Patient experience is a key focus
- Partnership by engaging with patients, their family members
- Staff behavior changes to transform AHS to become “World Class”
- Standardized practices for “culture of service”
- Everything we do is patient and family centered

TAB #7 STRATEGIC FOCUS REPORT: Staff Engagement

Jeanette Loudon-Corbett, Chief Human Resources Officer, provided an overview of the results of the 2012 Employee participation survey.

- Why Survey Employees Concerning Engagement and Satisfaction?
- Review 2012 Employee Partnership Survey Results; Improvement Since 2009
- Support for Departments that are Struggling
- Results of Mid-Year Pulse Check
- Next Steps

Themes:

- ACMC is moving in the right direction
 - Response rate improved from 58% to 63%
 - Partnership score moved from 62.8 to 66.4
 - Percentile moved from 3rd to 10th
 - Statistically significant increase in almost all areas
 - Dedicated improved to 40%; distanced decreased to 32%
- Need more enhanced communication between executives and employees
 - It is not enough to just listen. Must follow up and close the loop
 - Convey understanding and empathy
- Departments operate in silos; greater need to operate as part of a system
 - Direct managers are perceived as effective in their roles
 - But, to move managers to leaders
 - They have to be able to influence beyond their department or what they have direct control over
 - Understand the big picture/think on a systems level
- Recurring Items
 - Trust
 - Communication, Listening, Asking for opinions
 - Recognition
 - Coaching

Support to Departments/Leaders:

- Educating leaders on how to share survey results with staff
- Teambuilding
- Lateral Violence Training
- Assertiveness Training
- Leader Coaching
 - Time management/Survival Skills
 - Dealing with difficult employees and peers; resistance
- Retreats
 - “Building Our Team”
 - “Clinical Symposium”

- Opportunities for leaders to “vent”
- Helping employees de-stress

New Employee Survey Partner – Morehead Associates

- Able to provide historical trending data
- Online portal
 - User-friendly
 - Better ability to analyze survey results across departments
 - Better ability for executives to manage and provide feedback on action plans; easier to identify departments with similar goals
 - Provides department-specific “best practices” recommendations to address survey results
- Groups departments into tiers (high, middle, low) based on survey results
- More support from project team at each phase of survey process

The Committee discussed various components of the Employee Survey results.

TAB #8 REPORT: Medical Executive Committee

Taft Bhuket, MD, Chief of Staff, AHS Medical Staff, presented an overview of what was discussed at the Medical Executive Committee meeting.

Dr. Harkin has been recognized as the 2013 AHS Outstanding Physician of the Year and will be honored at the upcoming AHS Foundation Gala in May.

Streamlining the review process for organizational policies and procedures is being discussed by MEC.

Collaborative work with medical staff and administration is moving the re-approval process of accreditation forward.

Draft documents for the Physicians’ Organization Model are nearing completion.

The Soarian (HER) project is five weeks into launch. There have been some issues that have caused disruptions, but as a whole staff are working through any problems to minimize disruptions.

Internal Medicine Residency program just received the match list of new interns for the 2013/2014 class. It was very successful, indicating that the graduating medical students were impressed by the quality of the training they can expect by matching to this program.

TAB #9 DISCUSSION: Summit Series

The Committee discussed the process of incorporating the Summit Series into the QPSC agenda. Ms. Bashaw clarified that in the 2013 QPSC work plan there is an hour block identified in the May meeting to review the first 5 components of the Summit Series.

Staff and Trustees are continuing to have access issues. The Clerk of the Board will contact ORBoardWorks for IT support issues and resend invitations.

TAB #10 INFORMATION: Issue Tracking & Follow-up

The process of incorporating patients into the committee structure will be brought to a future meeting for discussion.

TAB #11 REPORT: Legal Counsel's Report on Action Taken in Closed Session

Douglas B. Habig, General Counsel, reported that in Closed Session the Committee considered confidential peer review matters and approved credentialing.

ADJOURNMENT: The meeting adjourned at 6:27 pm.

Respectfully Submitted,

Barbara L. McElroy
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by:



Douglas B. Habig, Esq.,
General Counsel