



QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING

Thursday, April 18, 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 4:35 PM.

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT:

Barry Zorthian, MD, Daniel Boggan, Jr., Michele Lawrence, and Ronald D. Nelson.

Anthony Slimick was excused.

Trustee Nelson attended the meeting as an ex-officio member due a possible lack of quorum.

NON-VOTING MEMBERS PRESENT:

Taft Bhuket, MD arrived at 5:40 pm

Joe Walker, MD.

TAB #2 ACTION: Approval of Minutes

ACTION: A motion was made, seconded, and approved the Minutes from the February 27, 2013 and March 21, 2013 Quality Professional Services Committee Meetings as presented.

Trustee Nelson abstained as he was not present at either of the meetings.

MOTION: Trustee Lawrence

SECOND: Trustee Boggan

AYES: Trustees Zorthian, Boggan, and Lawrence

NAYS: None

ABSTAIN: Trustee Nelson

ABSENT: Trustee Slimick

TAB #3 ACTION: Approval of Policies and Procedures

Kathleen Clanon, MD, Interim Chief Medical Officer, provided an update on the research the Quality Department has done to determine best practice for revising the current process of reviewing/approving organizational policies and procedures.

Policies and Procedures presented:

Administrative Policies

- Breach Notification Process
- Business Associates
- De-Identified Health Information
- HIPAA Violation Sanctions Policy
- Privacy: Accountings of Disclosures
- Privacy: APMC Directory
- Privacy: Confidential Communications
- Privacy: Minimum Necessary Standard
- Privacy: Notice of Privacy Practices
- Privacy: Personal Representatives of Patients
- Privacy: Privacy Officer
- Privacy: Rule Complaint
- Privacy: Uses and Disclosure of Limited Data Set
- Privacy: Uses and Disclosure Based on Public Policy
- Privacy: Uses and Disclosure of Protected Health Information for Fundraising
- Privacy: Uses and Disclosure of Protected Health Information for Marketing
- Privacy: Verification of Identity and Authority
- Sentinel and Serious Adverse Event

Clinical Policies

- ACLS Transports
- Admission of Patient
- Assignment Workload Manager – Staffing Plan, Nursing Service Workload Manual
- AWOL
- Documentation Nursing Process – Communication

- Interdisciplinary Verbal Orders and Patient Safety
- New Admission Orientation Process
- Post Mortem Care
- Restraint and Seclusion Staff Training
- SBAR and Handoff Communication Guidelines
- Security
- Sitters for Patient Safety
- Telemetry Monitoring
- Transfer Unit to Unit
- Violent Behaviors

Departmental Policies

- Assessment and Documentation of the Emergency Department Patient
- Electronic Sign Off Reports
- Evidence of Standards Compliance: Beyond Use Medication Labeling
- Imaging: Critical Findings: Notification of Critical, Significant and Discrepant Imaging Results
- Massive Transfusion Protocol
- Monitoring of Film Badges
- Standardized Procedure Nurse Order Entry in the ED

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

MOTION: *Trustee Lawrence*

SECOND: *Trustee Boggan*

AYES: *Trustees Zorthian, Boggan, Lawrence, and Nelson*

NAYS: *None*

ABSTAIN: *None*

ABSENT: *Trustee Slimick*

TAB #4 INFORMATION: Patient Story

Dr. Clanon presented a patient story on surgical site infections.

TAB #5 STRATEGIC FOCUS REPORT: Value-Based Purchase and Penalties

Dr. Clanon provided an overview of the Value Based Purchasing program.

CMS's Hospital Inpatient Value Based Purchasing Program

- Required by Patient Protection and Affordable Care Act (PPACA)

- Inpatient Hospital Pay for Performance
 - Impact to Hospital payments in FY 2014, FY 2015, FY 2016 and beyond
- Improve quality and reduce costs

- Clinical Practices
- Patient experience
- Clinical Outcomes

FY2014 Finalized Domains and Measures/Dimensions:

- 13 Clinical process of care measures
- 8 Patient experience of care measures
- 3 Mortality measures

The program mechanics were presented.

What can AHS do?

Increase performance in the following measures:

- Clinical Process of Care
 - PN3b Blood Cultures before Antibiotics
 - PN6 Antibiotic Selection
 - SCIP Inf-1 Prophylactic Antibiotic Within One Hour of Surgery
 - SCIP Inf-2 Prophylactic Antibiotic Selection
- Patient Experience
 - Doctor and Nursing Communication with Patients
 - Responsiveness of Staff
- Clinical Outcomes
 - Pneumonia (PN) 30-day Mortality Rate
 - Develop a report/algorithm for current performance

TAB #7 INFORMATION: Consent Strategic Dashboard

Dr. Clanon reviewed the key points regarding variances and ongoing plans of actions related to dashboard measures:

CORE MEASURES

- Q4 2012 data abstraction is still in process and should be complete by end of April
- Q3 2012 data showed opportunities for improvement in core measure compliance for immunizations
- Action plan: In Q1 2013, in order to improve immunization core measure compliance, Nursing launched monitoring, accountability and on-the-spot coaching on the units for timely completion of immunization screening and vaccination

HARM REDUCTION TEAMS

- There were increases in sepsis mortalities in Q4 compared to Q3 2012
- Action plan: Sepsis HRT will investigate increases (data vs. clinical management) and reach out to HIM in this process; Nursing leadership has developed the sepsis nurse position (who will review and provide clinical support to all sepsis cases and provide real-time correction and coaching to nursing and medical staff in sepsis management) and is currently training two nurses to fill this role; Sepsis HRT will also collaborate with IS to ensure that sepsis best practices are aligned in Soarian
- There have been issues with appropriate HAPU identification, treatment and reporting to Risk
- Wound care policies and procedures have been reviewed and consolidated into three policies that are now awaiting final approval; Nursing launched a comprehensive wound care education program designed to reach all nursing staff, and currently Nursing, with the HAPU HRT, is developing an accountability plan to improve and ensure compliance with wound care protocols

READMISSIONS

- There has been no notable change in overall readmission rates at the end of 2012
- The Care Transitions Program has markedly improved access to care for patients with the three identified high-risk diagnoses (CHF, COPD, HIV), including increased collaboration with the Healthy Heart Clinic and Adult Immunology Clinic and implementation of a weekly COPD group clinic in March to provide focused multi-disciplinary services to COPD patients, including services by the respiratory therapist, pharmacist, nurse, social worker and physician
- In January, the HOPE Center began seeing patients with three or more admissions in the previous year, providing clinical and wraparound services, including housing stabilization support and substance abuse treatment support; HOPE Center is now actively recruiting from Highland and ambulatory clinics

TAB #6 REPORT: Medical Executive Committee

Taft Bhuket, MD, Chief of Staff, AHS Medical Staff, addressed the financial clinical implications for the organization referencing issues that had recently been experienced with the translation services vendor and the lack of clinical supplies. He added that the physicians are inquiring about the allocation of resources with the amount of construction that is underway and the re-branding initiative “A New Day”.

TAB #8 INFORMATION: Issue Tracking & Follow-up

The Summit Series access issue has been resolved and the Clerk of the Board will re-send invitations to participants through ORBoardWorks with instructions on how to access the Summit Series videos.

Dr. Zorthian reported that the process of including patients on the committee will be addressed at a future committee meeting.

TAB #9 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.

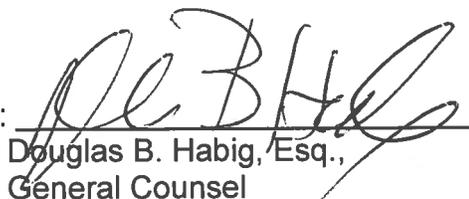
ADJOURNMENT: The meeting adjourned at 6:06 pm.

Respectfully Submitted,

Barbara L. McElroy
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by:


Douglas B. Habig, Esq.,
General Counsel