



**QUALITY PROFESSIONAL SERVICES
COMMITTEE MEETING
Thursday, June 25, 2015**

**Conference Center Located at Highland Care Pavilion
1411 East 31st Street Oakland, CA 94602
Marla Cox, Clerk of the Board
(510) 535-7515**

**LOCATION:
Open Session: HCP Conference Center**

MINUTES

THE MEETING WAS CALLED TO ORDER AT 3:33PM

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT:

Barry Zorthian, MD, Kinkini Banerjee, Joe DeVries, Maria Hernandez, and Michele Lawrence

Non-Voting Members present: Drs. Deepak Dhawan, 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: Consent Agenda

A. Approval of the Minutes of the May 28, 2015 Quality Professional Services Committee Meetings.

Action: A motion was made and seconded to approve the QPSC minutes of May 28, 2015. The motion passed.

AYES: Trustees Banerjee, DeVries, Hernandez, Lawrence, and Zorthian.

NAYS: None

Abstention: None

B. Approval of Policies and Procedures

**MAY 2015
San Leandro Hospital Policies**

Clinical

- Critical Value Management
- Dialysate (Attachment)
- Medication – Black Box Warnings (FDA Boxed Warnings) and Medication Safety

- Medication – Formulary, Development and Maintenance of the Hospital
- Medication – Selection, Procurement and Storage
- Observation Status Oxygen for Patients at Time of Discharge, Arranging
- Pain Assessment and Management
- POLST – Physician Orders for Life- Sustaining Treatment
- Rapid Response Team (Attachment)
- Suicide Risk and Screening/Assessment

Department

- Authority of Infection Control Committee

JUNE 2015

Alameda Health System Policies

Clinical

- Care of the Imminently Dying Patient
- Dialysate
- MCH – Physiologic Management of Second Stage Labor
- Medication: Continuous Unfractionated Heparin Sodium Infusion for Venous Thromboembolism (VTE) and Acute Coronary Syndromes (ACS)
- Postmortem Care

Department

- Appointment Arrival Policy: Primary Care
- Change of Medical Home/Primary Care Provider
- MCH – Algo 5 Newborn Screener
- MCH – Neonatal Blood Glucose Monitoring
- MCH – Newborn Hyperbilirubinemia
- MCH Operation Stork
- Staffing Guidelines

San Leandro Hospital Policies/Plans

Administrative

- Administrative Call Schedule
- Admission Deposits
- Admissions Policy
- Advance Beneficiary Notification
- Adverse Event Report to CDPH
- Age Restriction Statement
- Auxiliary –Volunteer Service
- Billing Practices
- Bulletins, Boards and Public Postings
- Catering Services
- CDPH Unusual Occurrences, Notification Of

Clinical

- Central Line Catheters/ PICC Lines/Port-A-Caths
- Central Venous Catheters Dressing, Assessment of Site and Dressing Change
- Chest Tube – Insertion, Care, Heimlich Chest Drain Valve, Removal

- Cleaning and Monitoring of the Environment
- Clinical Competency Assessment
- Code Blue – Cardiopulmonary
- Collaborative Care Planning
- Controlled Medications
- Emergency Crash Carts
- Latex Allergy Patients, Care Of
- Nursing Structure and Organization: Administration and Organization of Nursing Services, Philosophy, Standards, Goals and Scope
- Physician Orders – Transcribing and Noting
- Single Use Medical Device Processing

Plan

- Medication Error Reduction Plan (SB 1875) 2015 Update

The Committee brought to the attention of staff that policies must be reviewed and approved by Medical Executive Committee prior to being presented to the Quality Professional Services Committee. Staff clarified that due to clerical error policies did not specify that they were approved by their respective Medical Executive Committee.

Staff clarified that no one under 18 will be admitted to San Leandro Hospital. Emergencies would be stabilized and transferred to another location.

Action: A motion was made and seconded to approve the May 2015 and June 2015 San Leandro Hospital Policies and the Alameda Health System Policies for June 2015. The motion was carried.

AYES: Trustees Banerjee, DeVries, Hernandez, Lawrence, and Zorthian.

NAYS: None

Abstention: None

TAB #3 REPORT: Medical Executive Committee

Trustee Zorthian noted that written Medical Executive Committee reports had been provided to the Committee and suggested that the Chiefs of Staff only take questions and clarifications from the Trustees.

Kerin Torpey Bashaw, MPH, RN, Vice President, Quality, noted that Satira Dalton has been working closely with the Medical Staffs to create a more standard format and similar data points for reports to the Committee.

Joe Walker, MD, Chief of Staff, HGH, FMT, JGH Medical Staff, responded to specific questions from the Committee. Dr. Walker noted that he had observed inconsistencies in medical staff root cause analysis. The issue was brought to the MEC, who then voted on the level of participation and expectations for medical staff.

Deepak Dhawan, MD, Chief of Staff, SLH Medical Staff, pointed out that the MEC is looking at a few physicians who are ordering blood transfusions and cross matching for specific patients, but in the end are not completing the transfusions. The Medical Executive Committee will be looking at ways to reduce these instances as they are costly and take up much needed resources.

John Iocco, MD, VP, AHD Medical Staff, pointed out that the report contained actions that had been finalized by the Alameda Hospital MEC.

Action: A motion was made and seconded to approve the Medical Executive Committee Reports as presented. The motion was carried.

AYES: Trustees Banerjee, DeVries, Hernandez, Lawrence, and Zorthian.

NAYS: None

Abstention: None

TAB #4 REPORT: Patient Experience

Kinzi Richholt, Chief Nurse Executive, presented the HCAPS inpatient services results for FY2015 and 2016 to date. Highland, San Leandro and Alameda Hospital Emergency Departments are now surveying with Press Ganey, which will provide consistent reporting and allow for system reporting in FY2016. In order to improve patient experience, the organization will focus on improving evidence based practices. These include improvements in rounding, huddles and shift reporting, AIDET and service recovery, physician and nurse communication, staff responsiveness, pain management plans, CG-CAHPS question “provider explains in a way I can understand,” and visual workplace and weekly dashboard reports. The CNE noted that patients are most responsive to focused attending by their attending nurses and providers.

The Committee noted that the Health Committee and the County will be holding the organization accountable for meeting certain criteria around patient experience. Trustee Lawrence suggested that staff take note of what the expectations of the Health Committee are and work together to align our targets. Trustee Hernandez was interested in the possibility of breaking down data by demographics.

The CNE clarified that the Press Ganey survey is conducted via mail in both English and Spanish. John George Hospital presents discharged patients with a paper copy that can be submitted prior to departure to a locked box on premises.

TAB #5 REPORT: Mission Moment

The Committee reviewed the mission moment and did not have questions for Heather MacDonald Fine, AHS Manager.

TAB #6 DISCUSSION: Issue Tracking

Trustee Lawrence requested feedback regarding holding full Board Meetings twice a month and Committee meetings less frequently. The staff expressed some concern regarding the necessary approvals that are presented to this Committee in particular.

TAB #7 REPORT: Legal Counsel’s Report on Action Taken in Closed Session

Mike Moye, Interim General Counsel, reported that the credentialing reports and peer review reports of each of the Medical Staffs were approved and the Committee took no other action.

Public Comments - None

Board of Trustees Remarks - None

ADJOURNMENT – 5:43PM

Respectfully submitted by:



Marla D. Cox
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: _____


Mike Moyer
Interim General Counsel