



# ALAMEDA COUNTY MEDICAL CENTER

*Highland Campus • Fairmont Campus*

*John George Psychiatric Pavilion • Ambulatory Healthcare Services*

## QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING

Thursday, April 19, 2012

Central Administration Offices Located at Highland Hospital

1411 East 31<sup>st</sup> Street, Oakland, CA 94602

Barbara L. McElroy, Clerk of the Board

(510) 437-8468

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### MINUTES

#### **TAB #1 CLOSED SESSION**

**OPEN SESSION: THE MEETING WAS CALLED TO ORDER AT 4:12 PM.**

**ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT:**

Barbara Price, Daniel Boggan, Jr., Anthony Slimick, and Valerie D. Lewis, Esq.

Barry Zorthian, MD was excused.

**NON-VOTING MEMBERS PRESENT:**

Lyn Berry, MD and Taft Bhuket, MD.

Barry Simon, MD, presented the Department of Emergency Medicine as the monthly department report.

Highlights of the report included the Emergency Medicine residency program, diversity data, academic accomplishments of Highland residents (comprised of 16 women and 24 men), HGH ED ULS Fellowship, Street Level Health Clinic in Oakland, research and academic accomplishments of the department staff, and challenges and goals of the department in 2012.

In 2010, Highland Emergency International sent 19 nurses and 13 doctors to Port Au Prince. This year 7 teams of doctors and nurses went to various countries (Haiti, Kenya, Rwanda, and Mexico) to volunteer over 4,600 hours of their time.

**TAB #2 ACTION: Approval of Minutes**

***ACTION: A motion was made, seconded, and approved the Minutes from the March 22, 2012 Quality Professional Services Committee Meeting as presented.***

***MOTION: Trustee Slimick  
SECOND: Trustee Lewis  
ABSTAIN: Trustee Price***

**TAB #3 ACTION: Medical Staff / Organizational Policies and Procedures**

Kerin Bashaw, VP, Quality, presented the Organizational Policies and Procedures for approval:

- A. Management of Food Refrigerators
- B. Emergency Management of Acute Hypersensitivity Chemotherapy Reactions: Infusion Center
- C. Code Tan
- D. Tuberculosis Control Plan
- E. Meningococcal Disease Control Plan
- F. Bloodborne Pathogen Exposure Control Plan
- G. Orthotic Clinic
- H. Paraffin Bath
- I. Physical Therapy Advanced Gait and Stand-Ups Class
- J. Physical Therapy Application of Hot Packs
- K. Ambulation with Assistive Devices in Physical Therapy
- L. Durable Medical Equipment (DME) Obtained for Patient Use Through the Physical Therapy Department
- M. Equipment Loans and Donations from Physical Therapy
- N. Physical Therapy Jobst Pump
- O. Physical Therapy Application of Mechanical Lumbar Traction

***ACTION: A motion was made, seconded, and unanimously approved to adopt the Organizational Policies and Procedures with the exception of policy “Physical Therapy Application of Hot Packs” which was pulled to review manufacturers recommendations and policy “Equipment Loans and Donations from Physical Therapy” should have the referenced form attached to the policy.***

***MOTION: Trustee Boggan  
SECOND: Trustee Slimick***

**TAB #4 UPDATE: CMS Validation Survey**  
*Kerin Bashaw, MPH, RN, VP, Quality*

Kerin Bashaw, VP Quality, provided a high level report on the California Department of Public Health Full CMS Validation Survey of APMC which took place between April 3- 9, 2012. All Conditions of Participation (COP) were surveyed.

The final report should arrive by April 23, 2012 or sometime soon after. APMC will have 10 calendar days to submit plans of correction. APMC leadership has already started to implement corrective action plans based on preliminary findings from the survey. Although we are not sure of the actual findings, we have identified areas to focus on from the survey.

The Committee asked what the most egregious issues were. Ms. Bashaw reported that life safety, environment of care, and infection control issues were of most concern. Life safety and environmental issues were fixed immediately when possible. Wright Lassiter, III, Chief Executive Officer, added some of that these issues had to do with “penetrations” which were not in the patient care areas.

There were issues with completeness of documentation for all disciplines. This was also a finding during our Joint Commission survey and plans of correction have been implemented and are being monitored. It is important to note that many of the issues identified will be resolved once our electronic health record (EHR) is implemented.

Another area that has opportunities identified was Food & Nutrition Services. Bill Manns, Chief Operating Officer, reported that there were several major issues which required corrective action. The regulatory requirements in this area are significant and compliance has been a challenge for other bay area hospitals. Two (2) outside vendors have been approached to provide an assessment to assist with the process of change. We anticipate receiving their proposals next week.

The Committee inquired about the level of fatigue and how staff is handling this issue. Mr. Lassiter agreed that organizational fatigue is showing and that we need to stop and celebrate our successes. On that note, he announced the upcoming APMC Carnival on Saturday, May 12, 2012 at the Fairmont campus from 11:00 am – 5:00 pm.

***The Clerk of the Board will send an invitation to the Board of Trustees announcing the Carnival.***

Ms. Bashaw introduced two new directors in the Quality Department to the organization, Satira Dalton and Susan Brajkovic.

**TAB #5 REPORT: Medical Executive Committee**

Lyn Berry, MD, President, ACMC Medical Staff, reported that the Physician of the Year has been selected, Indhu Subramanian, MD. The committee spent time discussing CMS. Dr. Simon and Dr. Chang have been meeting to develop a new position, Quality Fellow, which will be a one year fellowship for a graduating ED resident.

**TAB #6 REPORT: Chief Medical Officer**

Sang-ick Chang, MD, Chief Medical Officer, reported that he will be leaving ACMC; he has accepted a position with Stanford. The Committee congratulated him and wished him well.

**TAB #7 REPORT: VP, Quality**

No report – CMS update provided under TAB #4.

**TAB #8 INFORMATION: Issue Tracking & Follow-up**

There were no follow up items to address.

**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.

**Public Comments:** Evan Seevak, MD, reported that there will be a LEAN report out for the Ortho Clinic, tomorrow, April 20 at 9:00 am in Classroom A. He invited the committee to attend.

**Board of Trustees Remarks:** None.


**ADJOURNMENT: The meeting adjourned at 5:15 pm.**

Respectfully Submitted,

Barbara L. McElroy  
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: \_\_\_\_\_

  
Douglas B. Habig, Esq.,  
General Counsel