



ALAMEDA COUNTY MEDICAL CENTER

Highland Campus • Fairmont Campus

John George Psychiatric Pavilion • Ambulatory Healthcare Services

QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING

Thursday, May 17, 2012

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

TAB #1 CLOSED SESSION

OPEN SESSION: THE MEETING WAS CALLED TO ORDER AT 4:15 PM.

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT:

Barbara Price, Daniel Boggan, Jr., and Barry Zorthian, MD.

Valerie D. Lewis, Esq. and Anthony Slimick were excused.

NON-VOTING MEMBERS PRESENT:

Taft Bhuket, MD.

Lyn Berry, MD was excused.

TAB #2 ACTION: Approval of Minutes

ACTION: A motion was made, seconded, and approved the Minutes from the April 19, 2012 Quality Professional Services Committee Meeting as presented.

MOTION: Trustee Boggan

SECOND: Trustee Price

AYES: Trustees Price and Boggan

NAYS: None

ABSTAIN: Trustee Zorthian

ABSENT: Trustees Lewis and Slimick

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

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

- New Admission Orientation Process
- Customer Service Training
- Physical Therapy Raised Mat Class
- Physical Therapy Student Affiliation Program
- Physical Therapy Staff Education
- Therapeutic Exercise Used in Physical Therapy
- Physical Therapy Department Scheduling for Saturdays and Holidays
- Physical Therapy For Total Knee Arthroplasty
- Physical Therapy for Total Hip Arthroplasty
- Performance Improvement Plan for Physical Therapy Department
- Ultrasound Treatment for Musculoskeletal Problems
- Prosthetic Clinic
- Physical Therapy for Use of Electrical Stimulation
- Physical Therapy UE and LE Progressive Restive Exercise “Pre” Class Protocol
- Fire Procedure: JGPP
- Fire Procedure: Newark Health Center
- Fire Procedure: Winton Wellness Center
- Fire Procedure: Fairmont Hospital
- Fire Procedure: Eastmont Wellness Center
- Full Building Evacuation: Eastmont Wellness Center
- Full Building Evacuation: Highland Hospital
- Full Building Evacuation : Fairmont Hospital
- Full Building Evacuation: John George Psychiatric Pavilion
- Full Building Evacuation: Newark Health Center
- Full Building Evacuation: Winton Wellness Center

ACTION: A motion was made, seconded, and unanimously approved to adopt the Organizational Policies and Procedures as presented with the following revisions: For all Fire Policies, the Committee requested consistency across all ACMC campuses regarding marking practices. Also, two templates are incomplete in the “Full Building Evacuation: Highland Hospital” on pages 309

MOTION: Trustee Boggan
SECOND: Trustee Zorthian

TAB #5 REPORT: Chief Medical Officer

Kathleen Clanon, MD, Interim Chief Medical Officer, reported that she will be working with Mr. Lassiter to prioritize issues over the next 6 – 9 months as she assists with the transition while a formal candidate is recruited.

She will not be at the Board of Trustees meeting on May 22; a prior commitment requires she be in Austin, Texas.

Trustee Boggan thanked both Sang-ick Chang, MD, outgoing Chief Medical Officer and Dr. Clanon for the work that has been done.

The CAT report is being deconstructed and will be retooled to begin reporting on Phase II.

TAB #6 REPORT: VP, Quality

Ms. Bashaw reported the following:

Dr. Clanon has accepted the Interim Chief Medical Officer position. There is a great deal of infrastructure work happening in the Quality Department and her expertise and support are greatly appreciated.

Harm Reduction Teams had a celebration last week that was well received by all. As shared with QPSC, the Quality Department is assessing the HRT efforts and will complete the assessment in June and will report back in July 2012 with a plan and next steps for HRT efforts.

Center for Medicare/Medicaid Services (CMS) and Joint Commission follow up- We have not received our final report from CMS. Extensive action planning and improvement efforts are in progress. As Dr. Bhuket shared, we are taking extensive efforts to improve our documentation compliance. The Executive Team has implemented formal Executive System Improvement Rounds in all areas of the Medical Center to engage leadership and employees in how to improve quality, safety and excellence. The focus through August 2012 will be on correcting through system improvements the findings from CMS so that the improvements are sustainable. There is also a System Improvement Committee that comprises all the Directors in the medical center. This committee is to assist in clearly defining accountability for improving systems.

Patient Experience - Dr. Kimberly Horton provided an overview of our patient experience scores and plans for improvement.

AYES: Trustees Price, Boggan, and Zorthian

NAYS: None

ABSTAIN: None

ABSENT: Trustees Lewis and Slimick

TAB #4 REPORT: Medical Executive Committee

Taft Bhuket, MD, Medical Staff President-Elect, presented the Medical Executive Committee report on behalf of Dr. Berry. Dr. Bhuket welcomed the incoming Interim Chief Medical Officer, Kathleen Clanon, MD.

Dr. Berry and the re-admission team has been awarded a \$600K+ grant from the Betty Moore Foundation.

Nextgen will go live at Eastmont on May 30. Highland Campus will go live in September. There will be a physician test run on May 22 in Classroom C from 9:30 – 7:00 pm. The test run at 3:00 pm would be a great opportunity for the Trustees to see the new process.

The Clerk of the Board will send out an invitation to the Trustees.

Mark Zielazinski, Chief Information Officer, reported Sorian will go live the end of August / first part of September at Fairmont and John George Psychiatric Pavilion. Highland campus will go live in November.

Dr. Bhuket reported that medical documentation is not meeting Joint Commission standards. The issue is documenting on medical records, signing, date, and time. 85% of the error rate is due to missing the “time” component. A process is being implemented to minimize this issue. The nursing staff will no longer take orders unless all three components are documented. Dr. Clanon added that the implementation of the EHR will also aid in resolving this issue.

Thurman Hunt, MD, Chief, Department of Anesthesiology, presented the annual report for the department. The report covered case distribution, 24/7 coverage, post-op pain management, teaching, staff age data and ethnicity percentages, physician engagement summary, 2011 lecture schedule, research statistics, medical missions, community involvement, quality enhancements, OR case volume, patient satisfaction data, service improvements, and department goals.

Trustee Price suggested that the neighborhood and mentoring programs be presented at a full Board meeting.

TAB #7 INFORMATION: Issue Tracking & Follow-up

Ms. Bashaw reported that the update on Phase II of the HRT program will report back to QPSC in July. The Fire policies have been presented and will be moved to Closed as well as the Medical Staff Rules & Regulations.

TAB #8 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: None.

Board of Trustees Remarks:

Trustee Price had attended a presentation at the police department on peer / stress counseling. Does ACMC have a program like this? Trustee Zorthian explained that ACMC has a Wellbeing Committee (a physician's support committee), but there hasn't been any self referrals.

Wright Lassiter, III, Chief Executive Officer, added that ACMC has an Employee Assistance Program (EAP); but staff has never been trained to be peer stress counselors.

ADJOURNMENT: The meeting adjourned at 5:54 pm.

Respectfully Submitted,

Barbara L. McElroy
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: 

Douglas B. Habig, Esq.,
General Counsel