



ALAMEDA COUNTY MEDICAL CENTER

Highland Campus • Fairmont Campus

John George Psychiatric Pavilion • Ambulatory Healthcare Services

QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING

Thursday, June 21, 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 4:41 PM.

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT:

Barbara Price, Anthony Slimick, and Barry Zorthian, MD.

Daniel Boggan, Jr. and Valerie D. Lewis, Esq. were excused.

NON-VOTING MEMBERS PRESENT:

Lyn Berry, MD and Taft Bhuket, MD.

TAB #2 ACTION: Approval of Minutes

ACTION: A motion was made, seconded, and approved the Minutes from the May 21, 2012 Quality Professional Services Committee Meeting as presented.

MOTION: Trustee Zorthian

SECOND: Trustee Price

AYES: Trustees Price and Zorthian

NAYS: None

ABSTAIN: Trustee Slimick

ABSENT: Trustees Boggan and Lewis

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

Kerin Bashaw, VP, Quality, reported there would not be any policies presented to the Quality Professional Services Committee for a two month period to streamline the process. In addition, a 12 month schedule of policies will be developed and presented to the committee for review.

TAB #4 REPORT: Medical Executive Committee

Lyn Berry, Medical Staff President, reported that Barry Zorthian, MD had been selected to chair the medical staff nominating committee. A slate of officers will be presented in July.

Nextgen has been live at Eastmont for over three weeks; IT is fixing issues as they arise. Overall, the implementation is going well. Winton and Newark will go live in July; Outpatient 6th Floor will go live in August. At Eastmont, every patient walks out with a summary of their health record; currently the summary is only available in English.

Dr. Berry provided an update on Continuing Medical Education (CME). ACMC is still going through the process of appealing the decertification.

Kerin Bashaw, the Medical Staff, and Dr. Clanon are looking at the reporting structure of the organization and how the process can be improved.

Finally, Dr. Berry reported that several of the medical staff are involved in the three (3) strategic planning solution work groups.

The committee was glad to hear the important work being done and the multiple disciplines involved in the process.

TAB #6 REPORT: VP, Quality

Ms. Bashaw reported that the CMS Survey report of 160 pages was received earlier in the day.

75 – 80% of the work has been completed to comply with the report.

The committee inquired as to what the most critical issues were in the findings.

Ms. Bashaw reported that dietary was the most critical issue in the report.

Bill Manns, Chief Operating Officer, added that ACMC has hired a consultant to assist with the CMS survey process and complying with the CMS report. Currently, Morrison consulting is working with ACMC dietary staff conducting mock surveys, providing an in-house project manager, and assisting with new policies and procedures. Mr. Manns also reported that a new Chef will start next week.

Ms. Bashaw concluded her report noting that dietary and medical health records were the two key areas that would require corrective action. The medical health records issues would be addressed with the implementation of the Electronic Health Record (EHR) project.

TAB #5 REPORT: Chief Medical Officer

Valerie Ng, PhD, MD, Chair, ACMC Department of Pathology, presented the Pathology 2012 Annual Report.

Dr. Ng explained the process of testing procedures and tests that will be brought in house and what the cost saving factors will be in implementing the new test procedures.

The committee discussed the cost savings and how that could be captured and possibly reinvested back into the department.

Kathleen Clanon, MD, Interim Chief Medical Officer, reported that there are three (3) goals that she will be focusing on. Clinical Quality, Patient Experience Improvement, and Cost Containment. This was discussed in MEC and each department will be focusing and sharing progress on these goals on a regular basis.

TAB #7 INFORMATION: Issue Tracking & Follow-up

Barbara Price, Chair, asked that the neighborhood mentoring program be presented at a full Board meeting.

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 and Board of Trustees Remarks:

Mr. Manns took this opportunity to thank Trustee Price for her commitment and dedication to the Quality Professional Services Committee. The committee and attendees applauded Trustee Price.

Trustee Price said a few words and was thankful of the acknowledgment she received; she is very proud to be a part of the process.

Trustee Slimick commented that Trustee Price has been a mentor and it has been a privilege to work with her.

ADJOURNMENT: The meeting adjourned at 5:44 pm.

Respectfully Submitted,

Barbara L. McElroy
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: 

Douglas B. Habig, Esq.,
General Counsel