



# ALAMEDA COUNTY MEDICAL CENTER

*Highland Campus • Fairmont Campus*

*John George Psychiatric Pavilion • Ambulatory Healthcare Services*

## QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING

Thursday, August 16, 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 5:10 PM.**

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

Barry Zorthian, MD, Valerie D. Lewis, Esq., and Anthony Slimick.

Daniel Boggan, Jr. was excused.

**NON-VOTING MEMBERS PRESENT:**

Lyn Berry, MD

Taft Bhuket, MD was excused.

Trustee Zorthian as the new Chair of the Quality Professional Services Committee made a brief opening statement about the role of the committee and how it would function with regards to the Quality agenda going forward. At the recent NAPH conference in Houston, an educational tool was presented that will be available to ACMC Trustees and staff in the near future. The Clerk of the Board will be receiving information from NAPH to share with the Committee.

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

Trustees Lewis and Slimick were not present at the June 21, 2012 QPSC meeting. The Minutes will be tabled to the September QPSC meeting for approval.

**TAB #3 UPDATE: Harm Reduction Initiatives – What's Next**

Kathleen Clanon, MD, Interim Chief Medical Officer, presented an overview of the next steps for the Harm Reduction Initiatives – Phase II. The focus will be to spread, embed, and hardwire change. The structure of the team environment will transition to a committee approach.

Dr. Clanon will bring recommendations to the next committee meeting for approval. A possible goal may be “Quest for Zero”. Discussion around the reporting of the data and the use of rates vs. percentages as well as standardizing the data took place. Additionally, the committee inquired if tracking in both methods and reporting back to the committee more frequently than once a year would be possible. Dr. Clanon will discuss with the team to see if dual reporting would be feasible more frequently than once a year and report back to the committee.

The CAT II report will be presented at the next committee meeting as well as the framework of the Phase II goals.

**TAB #4 ACTION: Medical Staff / Organizational Policies and Procedures**

Dr. Clanon presented the policies for approval.

The committee expressed concern at the number of policies on the agenda for approval. Bill Manns, Chief Operating Officer, explained that due to the CMS survey, the policies of the Food & Nutrition Services Department were required to be updated. Morrison Consultants reviewed the policies to ensure that ACMC was in compliance with CMS requirements.

**ACTION: A motion was made, seconded, and unanimously approved the policies & procedures as set forth in pages 168 – 171 of the Quality Professional Services Committee agenda packet which the committee has been informed have been reviewed and updated to address the issues raised by CMS for the Food & Nutrition Services Department.**

**MOTION: Trustee Lewis**

***Trustee Slimick requested clarification that the motion was approving only the Food & Nutrition Services policies & procedures. Trustee Lewis confirmed that the motion was specific to the Food & Nutrition Services Department polices & procedures as presented.***

**SECOND: Trustee Slimick**

**AYES:** Trustees Zorthian, Lewis, and Slimick

**NAYS:** None

**ABSTAIN:** None

**ABSENT:** Trustee Boggan

Discussion ensued with regards to the remaining seven (7) policies and procedures. The Committee requested that these policies be reviewed further and brought back to the September Quality Professional Services Committee meeting.

Staff requested that the Fire Procedure – Highland Campus policy be approved as it was a high priority procedure; hearing no further discussion, the committee moved to approve the policy.

**ACTION:** *A motion was made, seconded, and unanimously approved the Fire Procedure – Highland Campus policy as presented.*

**MOTION:** Trustee Slimick

**SECOND:** Trustee Lewis

**AYES:** Trustees Zorthian, Lewis, and Slimick

**NAYS:** None

**ABSTAIN:** None

**ABSENT:** Trustee Boggan

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

Lyn Berry, MD, Chief of Staff, provided an overview of the Medical Executive Committee meeting held on August 15, 2012.

Medical Staff elections will be taking place and announced at the September 24, 2012 Annual Medical Staff meeting. She invited the Trustees to attend the event and would be sending an invitation to the Clerk of the Board for distribution. The keynote speaker will be Mark Smith, MD, MBA, President and CEO of the California HealthCare Foundation.

The primary focus of the medical staff is the CMS Survey and the corrective action that is taking place.

Dr. Savio presented the annual report for the Pediatrics Department.

The medical staff has been participating in discussions with executive leadership pertaining to the Physician Operating Model and how medical staff will be engaged in the process.

Regarding the Department of Medicine Chair vacancy, there are currently three (3) viable candidates being considered.

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

Dr. Clanon provided a summary report as follows:

ACMC is on target for the CMS Survey and corrective actions in the areas of Food & Nutrition Services, Pharmacy, and Nursing; they have made great strides.

CMS is anticipated to arrive the Tuesday after Labor Day or the following Monday.

Dr. Clanon stressed the importance of the CMS corrective actions be accepted by CMS so that ACMC can move forward with more complex strategic goals.

The Committee requested if all the areas that were surveyed and required corrective actions have received the same level of correction?

Mr. Manns confirmed that the areas needing corrective action have made significant changes. With regards to the Food & Nutrition Services Department, the corrective actions were spearheaded by Morrison Consulting; in Pharmacy the focus was by Pharmacy staff who understood the severity of the need to make changes.

Dr. Clanon expressed concern that the six (6) unapproved policies & procedures may create a conditional violation with CMS if they are not approved.

Discussion ensued that if the policies needed to be approved for CMS compliance, a special meeting would be called by the Quality Professional Services Committee.

**TAB #7 INFORMATION: Issue Tracking & Follow-up**

Trustee Zorthian discussed the process of issue tracking with the QPS Committee and that it will be a challenge and needs to be revisited. She will work with Dr. Clanon and Ms. Bashaw to develop a process above the issue tracking form to track specifics in Quality.

**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 Comment: None.**

**Board of Trustees Remarks: None.**

**ADJOURNMENT: The meeting adjourned at 6:31 pm.**

Respectfully Submitted,

Barbara L. McElroy  
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by:

  
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Douglas B. Habig, Esq.,  
General Counsel