



## **QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING**

**Thursday, June 20, 2013**

**Central Administration Offices Located at Highland Hospital**

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

Clerk of the Board

(510) 437-8468

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### **MINUTES**

**THE MEETING WAS CALLED TO ORDER AT 4:51 PM.**

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

Barry Zorthian, MD, Daniel Boggan, Jr., and Anthony Slimick.

Michele Lawrence was excused.

**NON-VOTING MEMBERS PRESENT:**

Taft Bhuket, MD

Joe Walker, MD

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

The minutes from the May 23, 2013 Quality Professional Services Committee meeting will be placed on the July 18, 2013 meeting agenda.

### **TAB #3 ACTION: Approval of Policies and Procedures**

Policies and Procedures presented:

#### **Administrative Policies**

- Interpreter General Policy and Language Interpretation for Non-English Speaking/Limited English Speaking Patients
- Management and Organization of Policies and Procedures
- Quality Assurance Policy, Informed Consent and Use of Technology
- Scope of Services – HCP
- Service Animals: Americans with Disabilities Act (ADA)
- Translation of Written Documents

Clinical Policies

- Code Blue (Consolidated)
- Consent, HIV
- Establishing Code Status and Level of Life Sustaining Treatment
- Outpatient Management of Emergency Medical Conditions
- Pressure Ulcer Management Stage I and Stage II Skin Integrity Wound Care
- Pressure Ulcer Management Stage II, Stage IV and Unstageable
- Pulmonary Function Testing Policy

Departmental Policies

- Cardiac Stress Testing in Nuclear Medicine (and attachments)
- Cardiac Stress Testing with or without Echocardiography (with attachments)
- Implantable Device Evaluation/Interrogation (attachment)
- Medical Assistant Supervision
- Monitoring of Film Badges
- MUSE Downtime Procedures
- Nurse Telephone Triage/Screening
- Performance Monitoring
- Scope of Services – Cardiovascular Services
- Syngo Dynamics-Syngo Workflow-Syngo Imaging Downtime Procedures
- Transesophageal ECHO Procedure
- Transthoracic Echocardiography
- Venipuncture

**ACTION:** *A motion was made, seconded, and unanimously approved the policies and procedures as presented.*

**MOTION:** *Trustee Zorthian*

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

**NAYS:** *None*

**ABSTAIN:** *None*

**ABSENT:** *Trustee Lawrence*

**TAB #4 INFORMATION: Patient Story**

Michael D. Collins, RN, Director of Nursing, Fairmont Hospital, presented a patient story.

**TAB #7 REPORT: Medical Executive Committee**

Taft Bhuket, MD, Chief of Staff, AHS Medical Staff, presented a position statement from the Medical Executive Committee (MEC) regarding nursing competencies addressed to Wright Lassiter, CEO. MEC is in support of systematic and meaningful basic and specialty nursing competency assessments as a result of concerns regarding competency of some individuals in the nursing staff. Additionally, MEC is in support of shifting seniority based employment to merit based employment throughout the organization. MEC is prideful and optimistic that shared and meaningful continuous learning and assessment will improve the joint ability to provide improved quality, safer care to our patients.

In response, Dr. Kimberly Horton, Chief Nursing Executive, provided details regarding the plan to complete competency training.

**TAB #8 INFORMATION: Consent Strategic Dashboard**

Kerin Bashaw, VP, Quality, reviewed the key points regarding variances and ongoing plans of actions related to dashboard measures:

**CORE MEASURES**

- Overall there has been a decline in AHS core measure performance. Causal factors include process changes, variation in processes and Sorian implementation. A detailed work plan is in the process of being implemented.
- Barriers created by Sorian implementation were discussed.
- Board requested additional information including provision in the Sorian contract for core measure implementation.
- Kerin Bashaw and Douglas Habig, Esq., to review contract to determine if further discussion with Sorian is necessary.
- Kerin Bashaw informed committee to anticipate declining core measure performance until Sorian issue is resolved.

**HARM REDUCTION TEAMS**

- Recommendation was made to have Surgical Site Infection (SSI) harm reduction team present on their progress in August.

**READMISSIONS**

- Based on patient experience dashboard a recommendation was made for presentation to review current action plans at a future meeting.

**TAB #5 INFORMATION: Summit Series**

Informational Video: "Program 1: What is Quality, Anyway?" will be placed on the July 18, 2013 meeting agenda.

**TAB #6 STRATEGIC FOCUS REPORT: The Joint Commission and CMS Survey Process**

Kerin Bashaw, VP, Quality provided an overview of The Joint Commission and CMS Survey Process.

2012 ACMC CMS Survey Focus Areas:

- Medical Records Documentation
- Nursing; Pain Management, Wound Management
- Pharmaceutical Services; Medication Safety, Environmental related Medication Safety
- Environmental/ Life Safety; Fire Safety, Hazardous Materials
- Leadership; General oversight

The Joint Commission:

- FOCUS: Quality and Safety
- Accreditation “seal” Viewed as a statement of quality-It says to the public that this hospital is a good place to receive care
- Survey occurs every 3 years
- ACMC season opened June 2013
- Analogy: The “A” seal outside of a restaurant

2013 Plan for Success:

- State of Everyday Readiness
- On-going improvements with HRT’s
- Further Development of Quality Metrics
- Focus on Safety Rounding and improvement based on findings
- Improving the understanding of Quality and Safety
- Improving the understanding of Risk Management

What is the Committee role in ensuring success?

Board engagement in rounding process with members of executive team and or quality team to validate that standards are being met.

**TAB #9 DISCUSSION: Policy and Procedure Update**

Kerin Bashaw presented overview for possible Board delegation for policy and procedure review and approval process. Kerin Bashaw and Douglas Habig, Esq. to further review prior to presentation to Governance Committee.

**TAB #10 INFORMATION: Issue Tracking & Follow-up**


Trustee Zorthian reported there are no new items for issue tracking & follow up.

**TAB #11 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.

**ADJOURNMENT: The meeting adjourned at 6:14 pm.**

Respectfully Submitted,

  
Marla D. Cox  
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by:

  
Douglas Habig, Esq.  
General Counsel