



**QUALITY PROFESSIONAL SERVICES
COMMITTEE MEETING
Thursday, March 20, 2014**

Executive Suite Located at Highland Care Pavilion
1411 East 31st Street Oakland, CA 94602
Marla Cox, Clerk of the Board
(510) 535-7515

MINUTES

THE MEETING WAS CALLED TO ORDER AT 4:05PM

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT:

Barry Zorthian, MD, Daniel Boggan, Kinkini Banerjee, Joe DeVries and Michele Lawrence

Non-Voting Members present: Drs. Taft Bhuket, Joe Walker and Steven Rosenthal

A moment of silence was held for Trustee Ronald D. Nelson.

(General Counsel Announcement as to purpose of Closed Session)

TAB #1 CLOSED SESSION

TAB #2 ACTION: Approval of Minutes

Minutes of the January 16, 2014 and February 20, 2014 Quality Professional Services Committee Meeting.

ACTION: *A motion was made and seconded, and the Committee approved the minutes.*

TAB #3 ACTION: Approval of Policies and Procedures

The following minutes were approved.

FEBRUARY 2014

Administrative Policies

- Adult Inpatient Influenza and Pneumococcal Vaccination Policy/ Protocol
- Subpoenas

Clinical Policies

- Primary Care Diabetes Management Clinical Protocol
- Universal Protocol for Surgical and Invasive Procedures

Departmental Policies

- Pre-Operative Prevention of unplanned Hypothermia
- Sexual Assault, Care Of

MARCH 2014

Administrative Policies

- Privacy: Amendment of Protected Health Information
- Policy on Policies, Procedures and Plans (Documents)

Clinical Policies

- Look Alike, Sound Alike Medication

ACTION: A motion was made and seconded, and the Committee approved the policies and procedures.

TAB #4 ACTION: Approval of Policy / Discuss Overview of Revised Policy & Approve

Kerin Bashaw presented the Policy on Policies. Trustee Lawrence thanked Kerin for her diligent work to improve this process and wanted to be sure a system is in place with accountability for the future.

ACTION: A motion was made and seconded, and the Committee approved the policy on policies.

TAB #5 REPORT: Patient Story

Kerin Bashaw read two patient stories about their experience at Highland. The first story was not positive. A woman brought her boyfriend to Highland and their wait in the E.R. and the service that was received was unpleasant. The second story was commending Highland on their excellent service.

TAB #6 INFORMATION: Summit Series

The Committee watched a video “Program 6: Adopting Quality Aims”

TAB #7 INFORMATION: Consent Strategic Dashboard

The Dashboards are focused on John George, Fairmont, and Highland. Kerin Bashaw stated that her team is working diligently trying to figure out different hospitals and different database systems how we pull together information for the board that is very similar in similar formats.

TAB #8 REPORT: Medical Executive Committee

Dr. Bhuket applauded Kerin Bashaw and her group on the work she’s done on the policies and procedures. He stated that the next phase of opportunity is actually to publicize the work that they’ve done. Many of the line staff do not know that these policies and procedures exist and understanding how they can access them. MEC is working with I.T. and there is an obscure link within one of the websites that has been identified and need to popularize so people can understand when they make a new code to the policy, it actually

exists. Dr. Bhuket stated that there needs to be standardization in the way we do things. The Interdepartmental Professional Practice Committee Report is a committee that Dr. Zorthian chairs which deals with quality issues. This dialogue is center around the new interface with the electronic record. There have been challenges with quality interface or operational interface. It has been a large task which Dave Gravender and Dr. Landau are helping.

There are two good opportunities for us, 1) Development of Medical Informatics Physician Oversight Committee. This committee will help steward the challenges that we are currently having with the Electronic Medical Record. 2) Council of Chairs and Chiefs – to be the operational voice for quality and patient safety.

The third issue discussed at the Medical Executive Committee meeting was the Quality Council Report. There was some patient safety data presented, and there was a significant gap between the inpatient side and ambulatory side. Many of the structures which existed before are being revamped. There is the development of a Highland Operations Team, and a 50% reduction in the Emergency Department. This will yield improvement of patient safety. There is a new Interim director of Care Management, Jeannie Atkinson whom is overseeing this project.

TAB #9 INFORMATION: Issue Tracking & Follow-up

No Comment.

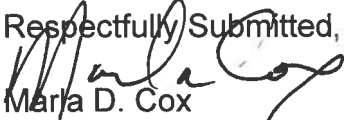
TAB #10 REPORT: Legal Counsel's Report on Action Taken in Closed Session

Doug Habig, General Counsel reported in Closed Session there were no peer review reports. The Credentialing Report was reviewed and approved; no further action taken.

Public Comments - No Comments

Board of Trustees Remarks – Dr. Zorthian expressed her sympathy at the passing of Trustee Ron Nelson.

ADJOURNMENT - 6:13pm

Respectfully Submitted,

Marja D. Cox
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by:


Douglas Abbig, Esq.
General Counsel