



**QUALITY PROFESSIONAL SERVICES
COMMITTEE MEETING
Thursday, September 24, 2015**

Conference Center Located at Highland Care Pavilion
1411 East 31st Street Oakland, CA 94602
Susana Flores, Interim Clerk of the Board
(510) 535-7515

LOCATION:

Open Session: HCP Conference Center

MINUTES

THE MEETING WAS CALLED TO ORDER AT 3:33PM

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT:

Barry Zorthian, MD, Kinkini Banerjee, Joe DeVries, Maria Hernandez, and Michele Lawrence.

Non-Voting Members present: Drs. Deepak Dhawan, John Iocco and Joe Walker.

(General Counsel Announcement as to purpose of Closed Session)

TAB #1 CLOSED SESSION

(Reconvene to Open Session)

TAB #2 DISCUSSION: Regulatory Requirements for Governance

Kerin Bashaw, VP of Quality, reviewed the regulatory requirements for governing bodies as outlined by The Joint Commission (TJC), Centers for Medicare (CMS), and California State Regulations Title 22. The VP of Quality ensures that all Policies and Procedures follow an approval process prior to being presented to the QPSC for approval. The Medical Staffs and Quality Committees review policy and credentialing items prior to submission for Committee approval. The Board should have an understanding of the Policies and Procedures presented, and may review either the summary or full length documents provided by staff.

General Counsel clarified that the Board's fiduciary obligation does not require technical expertise in areas covered by policies and procedures. The Board should feel confident that someone with the requisite expertise has reviewed each Policy and Procedure and that the approval recommendation has satisfied an appropriate review process prior to submission for approval.

TAB #3 ACTION: Consent Agenda

A. Approval of the Minutes of the August 27, 2015 Quality Professional Services Committee Meetings.

B. Approval of Policies and Procedures

Kerin Torpey Bashaw, MPH, RN, Vice President, Quality

AUGUST 2015

Alameda Health System Policies

Administration

- Consent for Photography
- Patient Complaints and Grievances
- Pharmaceutical Company Representatives on the AHS Campus

Clinical

- Non- Formulary Medications- Inpatient Use

Department

- Immediate Post Partum and Post Abortion Insertion of Long-Acting Reversible Contraceptive Devices
- Transcutaneous bilirubin measurement in the Newborn
- Violent Behavior in the Emergency Department

Plan

- AHS MERP Plan

Alameda Hospital Policies

Administration

- Policy for Checking Outdate and Rotation of Supplies

Clinical

- Quality Control-Sterile Admixtures
- Sound Alike –Look Alike Medications
- Use of Injectable Products

San Leandro Hospital Policies

Administrative

- Code Gray- Safety and Security Stat
- Reportable Diseases

Clinical

- Blood Glucose Monitoring (Accu-Check Inform)
- Closed Wound Suction Drainage Device: Care and Removal
- Colostomy Care-Irrigation
- Discharge Planning for Admission to Skilled Nursing Facility
- Dressing Changes
- Guidelines for Pregnant Employees Caring for Patients with an Infectious Disease
- Incontinence Fecal: Management to Prevent Loss of Skin Integrity
- Incontinence Urinary: Management to Prevent Loss of Skin Integrity
- Medications- Drug Samples
- Medications- Generic Drug Dispensing
- Medications- Hemodialysis Order Processing Procedures

- Medications- Orders, Authorizing Medication
- Negative Pressure Wound Therapy
- Personal Protective Equipment
- Pharmaceutical Waste
- Pressure Ulcers, Prevention of Hospital Acquired

Department

- Scope of Services: Case Management/Utilization Review
- Vancomycin Pharmacy Dosing Policy and Protocol

Action: A motion was made and seconded to approve the QPSC minutes of August 27, 2015. The motion passed.

AYES: Trustees Banerjee, DeVries, Hernandez, Lawrence, and Zorthian.

NAYS: None

Abstention: None

Action: A motion was made and seconded to approve the August 2015 Alameda Health System, Alameda Hospital, and San Leandro Hospital Policies. The motion passed.

AYES: Trustees Banerjee, DeVries, Lawrence, and Zorthian.

NAYS: None

Abstention: None

TAB #4 REPORT: Medical Executive Committee

Joe Walker, MD, Chief of Staff, HGH, FMT, JGH Medical Staff presented the MEC report for Highland, Fairmont, and John George. The Infection Control director will be out on military duty and a member of his staff will be covering under the supervision of Kerin Bashaw, VP of Quality. A hand hygiene performance improvement campaign was presented at MEC. The CLASBI (central line acquired bloodstream infection) rate remains at 0%. The medical record delinquency rate for physicians is at 7.6%, which is better than goal.

Deepak Dhawan, MD, Chief of Staff, SLH Medical Staff, presented the MEC report for San Leandro. The hospital conducted a power outage test case and identified several opportunities for improvement, including purchasing additional flashlights and improving dispensing of controlled substances on floors. Code Blue are below national standard and 23% of RRT calls result in transfer to ICU. A Critical Care Committee will be formed to review RRT cases. Organ Donation report reflected a 100% referral rate in Q1 and one tissue donor in February. The hospital reported 9 falls, two of which were unavoidable, however re-education and hourly rounding have been implemented to reduce fall rates. Patient experience performance for the hospital has improved. Policies and Procedures were reviewed and approved by the Committee.

John Iocco, MD, VP, AHD Medical Staff, noted that the MEC doesn't normally meet in August for Alameda Hospital but a focused meeting was held on August 21st. No credentialing was reviewed.

TAB #5 DISCUSSION: Issue Tracking

Kerin Bashaw, VP of Quality, shared that the Patient Advisory Council had chosen a patient representative to be a non-voting member of the QPSC. Due to upcoming changes to the focus of the QPSC, staff requested direction regarding the patient representative. Trustee Lawrence suggested that members of the patient advisory group be invited to each board meeting to present updates regarding their concerns. Staff was directed to inform the PAC of the current changes to QPSC, with more information to be provided once the Board Committee structure has been settled.

The Committee also agreed to move future Medical Executive Committee reports to the beginning of the agenda.

TAB #6 REPORT: Legal Counsel's Report on Action Taken in Closed Session

Mike Moyer, Interim General Counsel, reported that in closed session the Committee approved the credentialing reports of SLH, HGH, JG, and the wellness clinics. No report was received from AH. The Committee took no other action.

Public Comments - None

Board of Trustees Remarks – The Committee held a moment of silence in recognition of the recent death of Dr. Jennifer Woo.

ADJOURNMENT – 4:59pm

Respectfully submitted by:



Susana Flores
Interim Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: 

Mike Moyer
Interim General Counsel