



ALAMEDA COUNTY MEDICAL CENTER

Highland Campus • Fairmont Campus

John George Psychiatric Pavilion • Ambulatory Healthcare Services

QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING

Thursday, October 18, 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

THE MEETING WAS CALLED TO ORDER AT 4:44 PM.

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT:

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

NON-VOTING MEMBERS PRESENT:

Taft Bhuket, MD

Joe Walker MD was excused.

TAB #2 ACTION: Approval of Minutes

ACTION: A motion was made, seconded, and unanimously approved the Minutes from the August 16, 2012 Quality Professional Services Committee Meeting as presented.

MOTION: Trustee Boggan

SECOND: Trustee Slimick

AYES: Trustees Zorthian, Boggan, and Slimick

NAYS: None

ABSTAIN: None

ABSENT: None

The September 20, 2012 Quality Professional Services Committee meeting Minutes will be placed on the November QPSC meeting agenda.

TAB #3 ACTION / REPORT: Medical Staff / Organizational Policies and Procedures

Kerin Bashaw, MPH, RN, VP, Quality, presented the following policies and procedures for approval:

- Critical Results and Communication of Critical Results
- Blood Administration
- Malignant Hypothermia
- Housestaff Supervision

The committee inquired as to the training process by which staff learns new policies and procedures. Ms. Bashaw explained in the scope of developing a new policy and procedure process a training component will be built into the system.

Ms. Bashaw further explained how the policy and procedure process will be redefined. The current database has several policies and procedures that have not been updated in some time; the system has not been managed well. A consultant has been brought in to tackle the problem and make recommendations to management. A subcommittee will be created through the Medical Executive Committee to ensure that medical staff is involved in the process. The subcommittee will report to MEC.

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

MOTION: Trustee Boggan

SECOND: Trustee Slimick

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

***NAYS:* None**

***ABSTAIN:* None**

***ABSENT:* None**

TAB #4 DISCUSSION: QPSC Dashboard

Ms. Bashaw presented a draft Quality Improvement dashboard which will be utilized as a new tool to present quality information to the QPS Committee.

The committee requested that the dashboard be presented on a quarterly basis and asked if exceptions could be highlighted.

TAB #5 REPORT: Medical Executive Committee

Taft Bhuket, MD, Chief of Staff, ACMC Medical Staff, presented the Medical Executive Committee report of the October 17, 2012 meeting.

Alameda County has mandated for the time period of November 1, 2012 through March 31, 2013 that all personnel in clinical areas will be required to either get a flu shot or wear a mask while in clinical/patient areas of the hospital. All staff that received a flu shot at ACMC receives a green sticker to be worn on their employee id badge. The goal is to achieve 90% compliance at ACMC.

Dr. Bhuket announced that Charlotte Wills was named National Champion of the Clinical Pathologic Conference at the American College of Emergency Physicians.

Annual Report – Department of Radiology:

Eric Yasumoto, MD presented the Annual Report for the Department of Radiology.

Highlights included:

Five in-house department radiologists (Radcare):

- Eric Yasumoto, Farhad Sani, Sandra Mun, Ismael Moreno, and Chung Lee

45 credentialed Vrad tele-radiologists

Radiologist in-house hours:

- 8:00 am – 5:00 pm every day
- Monday-Friday: 4 radiologists in hospital
- Saturday and Sunday: 1 radiologist in hospital
- On-call radiologist 24 hours/day, 7 days/week.
- VRad tele-radiology coverage 5:00 pm – 8:00 am.
- Approximately 880 studies completed by Vrad per month.

Statistics were provided for physician years at ACMC, physician age, and ethnicity
Fellowship Training, teaching/education, and lectures

2011 Radiology statistics by modality were presented

Radiology personnel and service hours:

- Interventional Radiology/Cardiology Combo Cath Lab-opened May 20, 2011

Initiate 5S and LEAN Process

2012-2013 Goals:

- Decrease Wait Times
- Open Fluoroscopy Suite-Anticipated Late July-Early August 2012
- Received DSRIP Funding for Digital Mammography for Eastmont and Newark Clinics

- Look to purchase Digital Radiography equipment for Eastmont Clinic
- Look to finalize Ultrasound equipment as part of the Ultrasound Fleet Replacement (involves Radiology, Emergency Department, Anesthesiology, ICU, OB/Gyn)
- Upgrade ED CT scanner to at least 16 slice
- Upgrade mobile x-ray equipment
- Complete C-arm purchases

Future Goals beyond 2012-2013:

- Consider long term plans to convert K301 Radiology to a predominately Outpatient Radiology area
- Consider 3 Tesla MRI for the Acute Tower Project.
- Continue to grow the Interventional Radiology Catheterization Lab volume and procedures

TAB #6 REPORT: Chief Medical Officer

Kathleen Clanon, MD, Interim Chief Medical Officer, provided her report geared to three specific areas: Flow, Quality Safety Rounds, and Agency & Urgency

Flow – specifically in and out of the hospital. Could this piece be included into the Retreat agenda?

Quality Safety Rounds – have been instituted on Wednesdays from 8:00 – 10:00 am. Groups of clinicians and managers/executives look at safety issues in the organization. The process promotes staff engagement by having management walking around the hospital and looking for quality issues.

Agency & Urgency – small groups of physicians are looking at events on a weekly basis to determine a root cause analysis. This will move the process from identifying the problem to resolving the issue.

New ideas/areas that could be brought to QPSC for evaluation – standardizing treatment and invest in data infrastructure.

Trustee Zorthian suggested these issues be discussed further at the November QPSC meeting, not the Retreat.

TAB #7 REPORT: VP, Quality

Ms. Bashaw discussed the possible framework of the agenda for the upcoming QPSC Retreat.

At this time, CMS has not provided final results of the most recent survey. It could take up to 10 days to receive the results. The surveyors did not provide an indication of the survey results.

TAB #10 ACTION: By-Laws Amendment

Trustee Zorthian presented Resolution 2012-013, recommending changes to the membership language of the Quality Professional Services Committee section of the APMC Board of Trustees Bylaws. The resolution had been presented to the Governance Committee for approval, but was referred to QPSC for review/approval prior to the Governance Committee taking action.

The QPS committee asked that the language of the resolution be changed to reflect "at least 5" for the number of members on the committee.

ACTION: A motion was made, seconded, and unanimously adopted Resolution 2012-013 with the revision of "at least 5" for the number of members of the committee. Further, recommending the resolution is submitted to the Governance Committee for approval and recommendation to the full Board.

MOTION: Trustee Boggan

SECOND: Trustee Slimick

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

***NAYS:* None**

***ABSTAIN:* None**

***ABSENT:* None**

TAB #8 INFORMATION: Issue Tracking & Follow-up

Trustee Zorthian reported that all open items have been closed.

TAB #9 REPORT: Summit Series

Trustee Zorthian shared that Dr. Reinertsen suggest that 1 – 2 of the modules be reviewed prior the upcoming QPSC Retreat on December 1, 2012.

TAB #11 REPORT: Legal Counsel's Report on Action Taken in Closed Session

Douglas B. Habig, General Counsel, was not present at the meeting; Trustee Zorthian reported that in Closed Session the Committee considered confidential peer review matters and approved credentialing.

Public Comments:

Nancy Cross addressed the Committee as a patient at Highland. Her most recent visit was not satisfactory and would like the Board to look into the matter. Ms. Cross has discussed the issue with Jan Robertson in Patient Affairs. The matter involves both professional staff and non-professional staff. Ms. Cross feels that someone outside the physicians involved should address the issue. She did not want to name the individuals involved, but indicated that the department was Oncology. Her concerns were focused around length of waiting for appointments and the interaction with the doctors at the appointments.

She requested a forum to be able to address her concerns with the doctors involved and that the doctors be present.

Ms. Cross thanked the committee.

Board of Trustee Remarks:

It was announced that a LEAN report out for the Outpatient Pharmacy would take place on Friday, October 19, 2012 at 9:00 am in the Atrium.

ADJOURNMENT: The meeting adjourned at 6:25 pm.

Respectfully Submitted,

Barbara L. McElroy
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: 

Douglas B. Habig, Esq.,
General Counsel