



QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING
Thursday, May 23, 2013

Central Administration Offices Located at Highland Hospital
1411 East 31st Street, Oakland, CA 94602
Barbara McElroy, Clerk of the Board
(510) 437-8468

MINUTES

THE MEETING WAS CALLED TO ORDER AT 4:25 PM.

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT:

Daniel Boggan, Michele Lawrence and Anthony Slimick

Barry Zorthian, MD was excused.

NON-VOTING MEMBERS PRESENT:

Joe Walker, MD.

TAB #2 ACTION: Approval of Minutes

ACTION: A motion was made, seconded, and approved the Minutes from the April 18, 2013 Quality Professional Services Committee Meetings as presented.

MOTION: Trustee Slimick

SECOND: Trustee Lawrence

AYES: Trustees Boggan, Lawrence and Slimick

NAYS: None

ABSTAIN: None

ABSENT: Trustee Zorthian

TAB #3 ACTION: Approval of Policies and Procedures

Kathleen Clanon, MD, Interim Chief Medical Officer, provided an update.

Policies and Procedures presented:

Administrative Policies

- Abuse Identification – Reporting

Clinical Policies

- Table Top Sterilizer, Operation and Care of

Departmental Policies

- Exempt and Gross Only Specimens
- MCH Breastfeeding Protocol
- MCH Care of the Post-Partum Patient
- OR Chain of Custody for Physical Evidence
- OR Medications, Management and Administration
- OR Allograft Tissue, Storage and Handling
- OR Aseptic Practices
- OG Autologous Platelet Rich Plasma, Preparation of
- OR Documentation, Clinical
- OR Electrosurgery
- OR Emergency/Add on Cases
- OR Hand Antisepsis/Scrub, Surgical
- OR Hand-off Communication
- OR Pneumatic Tourniquet
- OR Positioning of the Patient
- OR Prevention of Retained Surgical Items
- OR Reducing Radiological Exposure
- OR Skin Antisepsis
- OR Specimens, Handling/Care of Surgical Pathology and Laboratory
- OR Traffic Patterns in the Surgical Suite
- OR Warming/Labeling of Irrigation Solutions in Plastic Bags or Bottles
- OR Wound Classification
- PACU Assessment and Reassessment
- PACU Extubation of Post Anesthesia Patients
- PACU Oral and Nasal Pharyngeal Airway Insertion

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

MOTION: Trustee Lawrence

SECOND: Trustee Slimick

AYES: Trustees Boggan, Lawrence and Slimick

NAYS: None

ABSTAIN: None

ABSENT: Trustee Zorthian

TAB #4 REPORT: Patient Story

David Moskowitz, MD, Medical Director of Hope Center HGH presented a patient story.

TAB #5 DISCUSSION: Proposed Policy for Management and Organization of Policies and Procedures

Kerin Bashaw shared the information from TGI to get feedback from Committee to take back to Executive Staff to refine policy. It was decided this should come back in June with a detailed policy for approval.

A discussion ensued around the alignment of the policy process with the language in the By Laws. Doug Habig addressed the issue and provided clarification. The process should go to Governance for initial approval.

TAB #6 STRATEGIC FOCUS REPORT: Reaffirmation Quality AIMs FY 2014

Dr. Clanon framed the discussion and discussed the dashboards included in the packet.

1. Quality AIMs going forward – consensus of committee is to re-affirm timeframe to renew annually the Quality AIM that was previously approved.
2. Agree with re-affirming admissions and HRT Phase II

TAB #7 REPORT: Medical Executive Committee

Taft Bhuket, MD, Chief of Staff, AHS Medical Staff, reported on the following: Soarian rolled out; MedStaff bylaws, in a few months; PHO steering committee; MEC committee structure; Dr. Clanon award; CME Accrediation.

TAB #8 INFORMATION: Issue Tracking & Follow-up

Kerin Bashaw reported on incorporating patients on QPSC, will close the loop on this issue and bring back to future meeting. Discussion around how candidates would be selected to serve on QPSC.

- Add patients to HRT teams
- Have patients participate on QPSC open session only
- Staff will prepare a process to present to QPSC
 - 3 areas to include: Assaults /Site infections / Ulcers (concerns of committee)

TAB #9 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, no action was taken.

Public Comments: None

Board of Trustee Remarks: None

ADJOURNMENT: The meeting adjourned at 5:58 pm.

Respectfully Submitted,


Marla D. Cox
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by:


Douglas Habig, Esq.
General Counsel