



**QUALITY PROFESSIONAL SERVICES  
COMMITTEE MEETING  
Thursday, May 22, 2014**

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

**THE MEETING WAS CALLED TO ORDER AT**

**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

**MINUTES**

**OPEN SESSION / ROLL CALL – 4:06PM**

**(General Counsel Announcement as to purpose of Closed Session)**

**TAB #1 CLOSED SESSION**

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

Minutes of the May 22, 2014 Quality Professional Services Committee Meeting.

***ACTION: A motion was made and seconded, and the Committee approved the minutes of May 22, 2014 Quality Professional Services Committee meeting.***

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

- Emergency Operations Management Plan
- Rapid Response Team
- Responding to Allegations of Research Misconduct

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

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**TAB #4 ACTION: Appointment of Patient Safety Officer**

Dr. Peruzzi stated that the committee is required to have a Patient Safety Officer. Someone who has the ability and the authority to assess situations quickly, make a determination of what needs to be done, processes that need to be activated. That would be the person who leads the quality organization. That would be Kerin Bashaw.

***ACTION: A motion was made and seconded, and the Committee approved the appointment of Kerin Bashaw as the Patient Safety Officer.***

**TAB #5 REPORT: Patient Story**

Joe Walker, MD, Chairman, Department of Psychiatry, read a patient story from the mother of a patient who passed away.

**TAB #6 DISCUSSION: Public Reporting – Leapfrog Survey**

Dr. Peruzzi gave the Committee an overview of the Leap Frog Group. The Leapfrog Group is a voluntary program aimed at mobilizing employer purchasing power to alert America's health industry so that big leaps in health care safety, quality and customer value will be recognized and rewarded. Among other initiatives, Leapfrog works with its employer members to encourage transparency and easy access to health care information as well as rewards for hospitals that have a proven record of high quality care. Kerin Bashaw explained public reporting and why we should care. There has been an absolute shift in the industry around public reporting. The Affordable Care Act is requiring hospitals to submit more data. Information is available and people will see it. There is a consumer movement around how information is accessed. She stated that it is very helpful to look at what everybody else is measuring. A lot of the information that gets reported publicly is from Administrative Data. If someone were to google ACHS, AHS, Alameda Hospital and San Leandro Hospital, you would see a variety of websites pop up. If our hospital safety score was googled, our most recent score for 2013 was a 'D'. The grading happens from an 'A' to an 'F'. Kerin stated that as Patient Safety Officer her goal is to ensure that AHS performs at evidence based standards. Trustee DeVries made a recommendation that there be a standing report on access. Trustee Zorthian requested that part of the dashboard on a regular recurring basis include an access report.

**TAB #7 DISCUSSION: Quality Strategic Dashboard**

There was a recommendation from QPSC report to approve the documents 'Creation of Palliative Care Service'. This was not an action item.

**TAB #8 REPORT: Medical Executive Committee**

Dr. Taft Bhuket reported for AHS. As of Q4 Core measures continue to have improving trends. Dr. Bhuket stated that AHS is still under-performing across the 8 or 9 domains which include; rate hospitals, nurse communication, and responsive hospital staff. The goal is to get 4 of the 8 domains into the 70<sup>th</sup> percentile. We are still under-performing on the hospital side. On the Ambulatory side, we have exceeded the 70<sup>th</sup> percentile at three of our sites; Highland Wellness, Newark Wellness and Eastmont Wellness. Health Information Management has been a chronic and persistent issue specifically about medical records. There are two threats to the organization, one, we are in the joint commission window right now and we have an extremely high delinquency rate of medical records, that puts us out of compliance and potentially puts us at risk for accreditation. The second major threat to our organization is the subset of other medical records which have not been generated or

dictated. The implication of that is that we cannot submit charges for this. That list was quite significant and accounts for about \$6 million charges which we cannot charge for. The MEC has put forth some solutions. These issues will now be on the regular dashboard for the MEC. Dr. Bhuket stated that he has put forth a responsibility and accountability mechanism so the \$6 million charge is on the chairs. The chairs have been assigned that authority and have a target goal of 30 days to get the charge down to less than \$1 million. Dr. Bhuket calculated that with eight or ten dictations, we could probably get around \$3 million. Dr. Bhuket will continue to report on these issues.

Dr. James Yeh reported for Alameda Hospital. MEC met April 25<sup>th</sup>, medical record forms were revised for pacemakers and strokes. Infection Control Policies were revised to include; being in the work stations, WOWs (workstation on wheels), on floors, Service Animal policies (which animals are allowed on floors), MRSA, Roll Call, and Contact Exposure. They are in the process of implementing a pharmacy oversight for long-term care patients.

**TAB #9 INFORMATION: Issue Tracking & Follow-up**

No discussion

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


Doug Habig, General Counsel reported that the committee reviewed confidential peer review information and approved credentialing reports from several medical staff.

**Public Comments** - None

**Board of Trustees Remarks** – No remarks

**ADJOURNMENT 6:03 p.m.**

Respectfully Submitted,

  
Marja D. Cox  
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by:

  
Douglas Habig, Esq.  
General Counsel