



**QUALITY PROFESSIONAL SERVICES
COMMITTEE MEETING
Thursday, June 19, 2014**

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

THE MEETING WAS CALLED TO ORDER AT 4:14pm

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT:

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

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

MINUTES

OPEN SESSION / ROLL CALL – 4:14PM

(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

Alameda Health System Policies

Clinical Policies

- Intravenous Admixture Program
- Medication: Automatic Stop Dates
- Code Blue

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

TAB #4 ACTION: Approval of Manual of Clinical Nutrition Management

Kerin Bashaw presented the Manual of Clinical Nutrition Management for approval.

ACTION: A motion was made and seconded, and the Committee approved the Manual of Clinical Nutrition Management as presented.

TAB #5 REPORT: Patient Story

Amy Smith, Physician Assistant in the Pain Clinic presented the patient story.

TAB #6 REPORT: LEAN Update

Varsha Chauhan, Executive Director, System Transformation Center provided a LEAN updated to the committee that included a summary of LEAN milestones; LEAN project highlights and Q4 FY14 focus.

TAB #7 REPORT: Medical Executive Committee

Taft Bhuket, MD, Chief of Staff, presented the Medical Executive Committee report for HGH/FMT/Ambulatory Medical Staff. Medical staff appreciate the Quality/IPPC report and the improvement in data analysis; kudos to the quality team; reinvigoration of the annual chair review; surgery and rehab next to be reviewed; medical records issue; we were leaving money on the table; joint commission; delinquent medical records; there is a persistent presence on the chart; 80% of them are proceduralists; good news, 6.2 million in outstanding dictation; has been reduced to 30k; how we track the data is important; the effort by placing on the dashboard has been helpful; Trustee Lawrence asked what the elements are in reviewing the chair of each department; Dr. Bhuket stated that he believes it is a standard 360 review.

Emmons Collins, MD, VP, presented the Medical Executive Committee report for AHD Medical Staff. Dr. Collins asked for clarification on obtaining approval for their; Wright Lassiter III, CEO, explained that the Board has delegated to the QPSC the authority to approve medical staff documents and the committee either approves or recommends to full Board for adoption. Dr. William Peruzzi, CMO, stated that the Bylaws were approved prior to close of the affiliation agreement. Dr. Collins reported that the Medical Executive Committee discussed root cause analysis regarding a medication error event that took place in the Emergency Department; there was no adverse outcome but the committee discussed policies and procedures and ways to improve process. Quality metrics used to be discussed by the AHD quality committee; there is some concern that there is no venue to discuss them now. Mr. Lassiter answered and said those issues would be brought to the QPSC. Dr. Peruzzi stated that the quality departments are working on consolidating reports. Dr. Collins share that their one Neurologist was considering leaving, maintaining a Neurologist is necessary to maintain stroke certification; Dr. Collins believes there is no concern. The AH medical staff has a general feeling they don't know what is going on since the affiliation; it will be helpful to have Dr. Peruzzi attending their medical staff meetings in the future.

Dr. Peruzzi presented on behalf of Dr. Steven Rosenthal, Chief of Staff, San Leandro Hospital There were no incomplete medical records. A number of unsigned telephone verbal orders which are under review; there is opportunity in sepsis harm reduction, AHS working with the SLH harm reduction team on a multidisciplinary approach.

TAB #8 INFORMATION: Issue Tracking & Follow-up

No new issues to report.

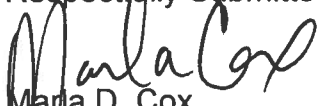
TAB #9 REPORT: Legal Counsel's Report on Action Taken in Closed Session

Joel Isaacson, Assistant General Counsel reported that in Closed Session reviewed and approved peer review and credential reports from each medical staff.

Public Comments - None

Board of Trustees Remarks – No remarks

Respectfully Submitted,


Maria D. Cox
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by:


Douglas Habig, Esq.
General Counsel