



QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING

THURSDAY, May 25, 2017

3:00PM – 5:00PM

Conference Center at Highland Care Pavilion

1411 East 31st Street Oakland, CA 94602

Vikki Brown, Interim Clerk of the Board

(510) 535-7515

LOCATION:

Open Session: HCP Conference Center

MEMBERS

Barry Zorthian, MD, *Chair*

Kinkini Banerjee

Gary Charland

Joe DeVries

Maria Hernandez

Tracy Jensen

Michelle Lawrence

NON-VOTING MEMBERS

H. Gene Hern, MD, Chief of Staff, HGH, FMT, JGH Medical Staff

Joel Chiu, MD, Chief of Staff, SLH Medical Staff

Elpidio Magalong, MD. President, Medical Staff

MINUTES

THE MEETING WAS CALLED TO ORDER AT 3:10 pm

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES/MEMBERS WERE PRESENT:

Kinkini Banerjee, Gary Charland, Joe DeVries, Tracy Jensen, Michelle Lawrence, Barry Zorthian, Dr. Hern, Dr. Chiu, and Dr. Magalong

ABSENT: Maria Hernandez

A Quorum was established.

(General Counsel Announcement as to Purpose of Closed Session)

TAB #1 CLOSED SESSION

**A. Consideration of Confidential Medical Staff Credentialing Reports
[Health & Safety Code Section 101850(ii)]**

*H. Gene Hern, MD, Chief of Staff, HGH, FMT, JGH Medical Staff
Joel Chiu, MD, Chief of Staff, SLH Medical Staff
Elpidio Magalong, MD, President, Medical Staff*

**B. Conference with Legal Counsel:
Significant Exposure to Litigation
[Government Code Section 54956.9]**

M.D. Moye, General Counsel

(Reconvene to Open Session)

OPEN SESSION

TAB #2 ACTION: Consent Agenda

A. Approval of the Minutes of the April 27, 2017 Quality Professional Services Committee Meeting.

Withdrawn.

B. Approval of Policies and Procedures

No action taken.

TAB #3 REPORT/DISCUSSION: Medical Staff Reports

*H. Gene Hern, MD, Chief of Staff, HGH, FMT, JGH Medical Staff
Joel Chiu, MD, Chief of Staff, San Leandro Hospital Medical Staff
Elpidio Magalong, MD, President, Alameda Hospital Medical Staff*

H. Gene Hern, MD, Chief of Staff, HGH, FMT, JGH Medical Staff

Dr. Hern reported on staff participation in the BETA HEART Program. Three physician representatives attended a 5 day training covering RCAs, care of the caregivers and creating systems for peer support of caregivers. The Core staff is focused on creating a Wellness Committee and HEART is in agreement with this focus on wellness for our caregivers.

There are ongoing chair searches for various departments. Dr. Hern reported that a new Chair of Anesthesia has been hired and that they are in the final stages of the search for a Chair of Psychiatry. He also noted that there are two finalists for the Chair of OBG-GYN and the General Surgery chair search is ongoing at UCSF.

Dr. Hern reported on other ongoing items:

- Working out new structures for Quality and IPPC to receive good data and to help providers.
- Bylaws revisions are being reviewed and processed for voting within the next couple of months.

- The staff will take the Maslach Burnout Inventory (MBI). MBI is a standardized survey for medical providers to assess burnout. He cited factors that contribute to burnout for providers, including moving to multiple systems that require more electronic documentation as one of the causes of burnout. He noted that a unified electronic medical record system will help decrease charting time and burnout. Dr. Hern noted challenges of creating and funding a wellness program in light of Stark Laws and other restrictions in terms of funding sources for physicians who are not employees. He noted that the staff is exploring funding support from the AHS Foundation. Dr. Hern stated that the long term goals are to create a wellness center and wellness program for medical staff and medical providers.

Joel Chiu, M.D., Chief of Staff, San Leandro Hospital Medical Staff

Dr. Chiu reported on the Medical Executive Committee (MEC) meeting that took place on May 16, 2017. During this meeting:

- The leadership received an update on non-clinical contracting.
- An overview of the transfer guidelines between Alameda Hospital and San Leandro Hospital was presented. The purpose of the guidelines is to provide a more fluid and smooth transfer between the facilities.
- There was a discussion regarding the physician representative to the Board of Trustee and the process we should use to select the representative. Dr. Chiu reported on discussion of the possibility of having two representatives to the Board of Trustees to insure that the viewpoint of the community hospitals is represented.

In response, Trustee Lawrence noted that physician representatives are appointed to help the Board to understand the clinical issues in the hospital system and not as representatives of a given facility.

Elpidio Magalong, MD, Chief of Staff, Alameda Hospital Medical Staff

Dr. Magalong reported that the Alameda Hospital MEC discussed issues with the clinical services and shortages for specialist in Urology, Psychiatry, Podiatry and GI. Dr. Magalong cited the transfer agreement with San Leandro and Alameda to expedite patient care services.

Dr. Magalong noted that in Cardiology, there is a new physician, Dr. Hill, who will be starting in July 2017. He also noted that they are still in the process of getting coverage for nights and weekends. Review of the non-physician contracts is addressed at MEC. MEC also reviewed the strategic priorities for SBU Dashboards provided and the metrics reviewed.

TAB #4 REPORT/DISCUSSION: Quality Metric Report

*Ambulatory Care Quality and Safety Metrics
Ghassan Jamaledine MD, Chief Medical Officer
Dr. Palav Babaria & Ambulatory Care Team*

Drs. Jamaledine and Babaria reported that access is the foundation for our organization to become a population health center that can take care of patients throughout the clinics and the health system. From an ambulatory stand point, Access for new patients is different from Access for our established patients. In the current state, our provider panels are 1,250 patients for a physician provider and 1,000 patients for nurse practitioners or physician assistant providers. Ambulatory panels currently range from 900 to 1,400 for adult medicine across all safety net organizations in the State of California. For non-safety net hospitals, the panel range is up to 2,000 patients. At AHS the number of visits per provider is currently between 17 to 20 visits per day. The no show rate is 20 to 25 percent by site. Physicians are also scheduled clinic hours for charting - four hours per week for fulltime and pro-rated for less than fulltime.

The doctors noted that primary care panels are critical because the physician is responsible for the patient's entire life span: making sure all vaccines are up to date, colon cancer screenings, and breast cancer screenings, etc. Patients from Alameda Alliance for Health and Blue Cross Anthem have been assigned to our organization and are in our system. Three years ago, our number of patients was 23,000 and now we are close to caring for 28,000 patients. Altogether about 65,000 patients have been assigned to us by our payors but only 27,000 of those are in our system and have identifiable primary care provider. The rest are either waiting to get into the system or may not know that they are assigned to our organization. Almost all of our primary care panels are full or close to full. Medi-Cal enrollment refreshes every month so the numbers could change on a monthly basis. Our Eastmont and Highland sites are the most saturated and have the longest waiting list.

Since April 2014, we have kept track of the primary care waiting list. We started with a list of 1500 and it peaked at 2,000. After this plan was presented to the Board there was an increase in primary care providers at the Hayward site. In October 2016, the waiting list drastically dropped and patients were able to get appointments within a week. The dashboard shows our waiting list has increased to 517 and continues to increase during this past winter. The Hayward site has 1.6 primary care physician openings. Eastmont has one primary care physician opening and Highland has hired two replacement positions. All sites are expanding to evening and weekends hours. Our clinic at Highland cares for internal medicine patients. Clinic ratio for Eastmont is mostly internal medicine, pediatrics and OBG-YN, Newark is mostly internal medicine, pediatrics, OBG-YN and Hayward is entirely a full family practice model.

For the DHCS standards, if a patient calls for a routine appointment, they should receive an appointment time within 10 business days. At the Newark site, the new patients slots are available but the follow up slots become saturated which causes these appointments to be scheduled far out in advance. The reasons for long wait times for return access is the no show rates, provider education and operations. We have different templates for each clinic within the system such as specialty and primary care which affects our access. The more special templates and special slots we have the harder access will be. Our goal is standardize templates across specialty and primary care. The safety net goal is less than 20 percent for no shows. Non-safety net goal is less than 15 percent due to penalties. Open access scheduling allows the patient to schedule an appointment prior to receiving a follow up postcard giving a time to call and schedule an appointment within 7 to 10 days of receiving the postcard.

Due to time constraints, Dr. Babaria's report will be concluded at a future meeting of the committee. There was also interest expressed in discussing these Access issues in a meeting of the full Board.

TAB #5 REPORT/DISCUSSION: Ambulatory Redesign Assessment

Palav Babaria, M.D.

Dr. Babaria reported on effort to determine appropriate staffing models for our clinics. She noted that our clinics have the providers but not registration clerks to register patients or medical assistants to discharge patients. She noted that this delays the process of patients getting into their rooms; providers are doing their own intakes, discharges and faxing paper work. Within the ambulatory budget, she forecasted the need for certain types of front line staff to support our licensed staff; as a result licensed staff, such as nurses, can utilize their skills to treat specific patients effectively allowing the patient visits to be available sooner for treatment. Staffing position will be reviewed and added to the budget.

TAB #6 REPORT/DISCUSSION: Planning Calendar/Issue Tracking
Barry Zorthian, M.D., Chair

No items.

TAB #7 REPORT: Legal Counsel's Report on Action Taken
M.D. Moye, General Counsel

During the closed session the committee approved the credentialing reports from each of the facilities and took no further action.


Trustee Comments - None

Adjournment – 5:12 pm

Respectfully submitted by:

Vikki Brown
Interim, Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: 
M.D. Moye
General Counsel