



QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING
THURSDAY, JANUARY 25, 2018
2:30PM – 5:00PM

Conference Center at Highland Care Pavilion
1411 East 31st Street Oakland, CA 94602
Ronna Jojola Gonsalves, Clerk of the Board
(510) 535-7515

LOCATION:

Open Session: HCP Conference Center

COMMITTEE MEMBERS

Kinkini Banerjee
Taft Bhuket, MD
Gary Charland
Joe DeVries
Maria Hernandez, Interim Chair
Tracy Jensen
Michele Lawrence

NON-VOTING MEMBERS

Joel Chiu, MD
Kelly Bullard, MD
Elpidio Magalong, MD

MINUTES

THE MEETING WAS CALLED TO ORDER AT 2:37pm

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT: Kinkini Banerjee, Taft Bhuket, MD, Gary Charland, Joe DeVries, Maria Hernandez, Tracy Jensen, and Michele Lawrence

ABSENT:

A quorum was established.

The Committee convened into a Closed Session.

A. CLOSED SESSION

1. Consideration of Confidential Medical Staff Credentialing Reports

Kelly Bullard, MD, HGH, FMT, JGH Medical Staff
Joel Chiu, MD, Chief of Staff, San Leandro Hospital Medical Staff
Elpidio Magalong, MD, President, Alameda Hospital Medical Staff

2. Conference with Legal Counsel:

M. D. Moye, General Counsel
Significant Exposure to Litigation
[Government Code Section 54956.9]

The Committee reconvened into the Open Session.

B. ACTION: Consent Agenda

1. Approval of the Minutes of the November 30, 2017 Quality Professional Services Committee Meeting.

ACTION: A motion was made and seconded to approve the minutes of the November 30, 2017 Quality Professional Services Committee. The motion passed.

AYES: Trustees Banerjee, Bhuket, Charland, DeVries, Hernandez, Jensen, and Lawrence

NAYS: None

ABSTENTION: None

2. Approval of Policies and Procedures

- Labor and Delivery Triage (HH Only)
- Medical Record Delinquency and Medical Staff Suspension: Ambulatory
- Medication Kit/ Transport Boxes for Specific Departments and Divisions (HH Only)
- Medications: Look-Alike, Sound-Alike (System)
- Medications: Prescribing and Ordering (AHS Core)
- Scope of Service – Health Information Management (System)
- Vancomycin Pharmacy Dosing Protocol (HH Only)
- Infection Prevention and Control Annual Plan: 2016 Assessment 2017 Plan (AHS Core)

ACTION: A motion was made and seconded to approve the Policies and Procedures. The motion passed.

AYES: Trustees Banerjee, Bhuket, Charland, DeVries, Hernandez, Jensen, and Lawrence

NAYS: None

ABSTENTION: None

C. REPORT/DISCUSSION: Medical Staff Reports

Kelly Bullard, MD, HGH, FMT, JGH Medical Staff

Joel Chiu, MD, Chief of Staff, San Leandro Hospital Medical Staff

Elpidio Magalong, MD, President, Alameda Hospital Medical Staff

Dr. Bullard said at the last MEC meeting they received an update on the clinical standardization for excellence. Topics of focus included sepsis, total joint order sets, and stroke. As well as medication reconciliation and the high-risk and high-volume order sets. The new bylaws established two new departments, Orthopedics and Pediatrics. They had interim chairs to serve those departments for the foreseeable future. The bylaws had been passed and were available for Board review. The IRB Committee gave a presentation stating their primary challenges were maintaining a quorum and developing a process to track the allocation of funds.

Based on questions from the Trustees, Dr. Bullard and Dr. Jamaledine said some of the 32 studies approved by the IRB committee were in conjunction with other facilities and some were industry sponsored. She answered questions about the FTE staff counselor they were working on hiring, stating that it would be a goal to have one on each campus, but they would start with one then

evaluation the program. Dr. Jamaledine answered the question related to the Chairs recruitment process and the appointment of the new chairs of Pediatrics and Orthopedics. He clarified the reason of having independent department of Pediatrics and Orthopedics was related to the growth in size and need of those service line and the need for a separate governance from Maternal Child and General Surgery respectively. He added that the chairs are appointed as interim for 2 years based on the medical staff bylaws to allow the department to stabilize. Related to the Chair of psychiatry, there was an offer that was sent and rejected by the candidate after advanced negotiations. The search was put on hold until after finalizing UAPD negotiations and the TJC/CMS corrective action plan related to ligature risk and EMTALA. Staff said that over the last two months they'd had 30 new admissions a day compared to about 17 prior to the flu season. Staff was working on methods to better leverage the same day clinic, increase discharging efficiencies, and increase the ability to admit patients to the SNFs.

The Trustees asked Dr. Bullard to document the outcome of the staff counselor program evaluation.

Dr. Chiu said the San Leandro MEC also approved the CPC charter even though they had concerns about how it addressed local issues. Sound Physicians also discussed their strategic plan for the transition, staffing the ED, and how they would proceed with the QA process. Based on a Trustee question, he clarified that their concerns about the CPC charter were largely hypothetical so they approved it.

Dr. Magalong said the Alameda Hospital MEC also discussed the charters. They had engaged with leadership about their concerns and several revisions to the charters were made as a result.

D. REPORT/DISCUSSION: SBU Quality Metric Reports

Post-Acute and Behavioral Health Quality and Safety Metrics

Ghassan Jamaledine MD, Chief Medical Officer

Richard Espinoza, Chief Administrative Officer – Post-Acute

Dr. Karyn Tribble, Chief Administrative Officer – Behavioral Health

Richard Espinoza discussed the Post-Acute Dashboard on page 111 of the agenda packet.

The Trustees asked for clarification on the Outpatient Therapy Wait List Volume graph on page 112 of the agenda packet. Mr. Espinoza said the "Number of Patients" represented the number of outpatients waiting for services on the combined physical therapy, occupational therapy, speech therapy, and audiology wait list. He said they had reduced number of patients waiting for services by calling every patient on the list. The October data jumped due to some uncaptured 2016 referrals on the Highland Campus. The number list dropped down to 816 because patients were either seen by AHS, seen by another facility, or no longer needed the service. He was not able to provide the percentage of patients who went to other facilities.

Based on Trustee's questions Mr. Espinoza said that patients had been waiting 104 days but the process lowered the average wait time to about 52 days to receive service. Some of the patients on the wait list were referrals and some were on the list because their treatment required a wait time.

Mr. Espinoza reviewed the Falls Rate chart on page 113 of the agenda packet.

Based on Trustee questions, Mr. Espinosa said that all falls were reported and they occurred as results of many different activities ranging from using the restroom to stepping off the sidewalk. Often, they simply didn't realize they needed help. He said that the Post-Acute fall rate was better than national benchmarks and that while all falls were treated equally, many required different interventions. He said

falls in the post-acute environment had been monitored for the previous five years. Each year as the numbers improved, they adjusted the benchmark accordingly. The 2018 goal was a 20% reduction.

Mr. Espinoza updated the Trustees on the flu outbreak on page 117 of the agenda packet. He said that an outbreak was defined by one patient having confirmed influenza and two patients with influenza like symptoms. Based on Trustee's questions he said that they ask visitors with flu symptoms to return when better, but they must work case-by-case for the sake of the patients.

Dr. Karyn Tribble introduced Dr. Pius Omolewa, RN, PhD, Director of Nursing Behavioral Health Services and Dr. Michael Villania, Interim PES Psychiatrist Lead. She reviewed the December 2017 BH SBU Dashboard on page 119 of the agenda packet.

Based on Trustee questions, Dr. Tribble explained that the one-to-one ratio required continuous observation, 24 hours a day, with no exceptions – not even with line-of site. The impact on the patient experience was concerning. She said staff was working on the Expense per Adjusted Patient Days and the FTE staffing levels through not hiring non-essential positions. However, at a certain point they had to limit the number in-patient stays based on the number of patients that required the one-to-one ratio of care. She said there were areas where they could eliminate the one-to-one requirement through space improvements that involved construction. They couldn't change the whole building though, so they might not be able to eliminate it entirely.

The Trustees asked to have some follow up information regarding the total cost of the project once the improvements were complete. They wanted information comparing the costs of staffing the one-to-one versus the costs of the improvements. The Trustees also requested before and after pictures.

Dr. Omolewa spoke regarding interventions for fall reductions on page 124 of the agenda packet.

Trustee Jensen asked if an EMTALA violation was created when patients were transported to John George with an incorrectly diagnosed psychiatric condition then reassessed and transferred to another location. Dr. Tribble said that once triage was complete the case would no longer be considered a psychiatric emergency and there would be no EMTALA violation.

E. DISCUSSION: Planning Calendar/Issue Tracking

No discussion.

F. REPORT: Legal Counsel's Report on Action Taken in Closed Session

M. D. Moye, General Counsel


Mr. Moye reported that the Committee met in Closed Session and considered credentialing reports for each of the medical staffs and approved credentials/privileges for fully qualified practitioners recommended by the medical staffs.

OPEN SESSION PUBLIC COMMENT – None

TRUSTEE REMARKS – None

ADJOURNMENT – 4:52pm

This is to certify that the foregoing is a true and correct copy of the minutes of the regular meeting of January 25, 2018 as approved by the Quality Professional Services Committee on February 22, 2018:



Ronna Jojola Gonsalves
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: 

M.D. Moye
General Counsel