



QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING

THURSDAY, JULY 26, 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, *Chair*

Gary Charland

Maria Hernandez

Tracy Jensen

NON-VOTING MEMBERS

Joel Chiu, MD

H. Gene Hern, MD

Elpidio Magalong, MD

MINUTES

THE MEETING WAS CALLED TO ORDER AT 2:36PM

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT: Kinkini Banerjee, Taft Bhuket, MD, Maria Hernandez, and Tracy Jensen (arrived 3:35PM)

ABSENT: Gary Charland

A quorum was established.

A. CLOSED SESSION

1. Consideration of Confidential Medical Staff Credentialing 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

**** In the event that a quorum of the Board of Trustees participates on this Committee, the meeting is noticed as a Special Meeting of the Board of Trustees; however, no final Board of Trustees action can be taken.**

2. Conference with Legal Counsel

M. D. Moye, General Counsel

Significant Exposure to Litigation [Accreditation, Risk Management, Patient Safety]
[Government Code Section 54956.9]

Discussion of Matters Constituting Trade Secrets [Government Code Section 54962;
Health & Safety Code Section 101850(ae)(1)]

(Reconvene to Open Session)

B. ACTION: Consent Agenda

1. Approval of the Minutes of the June 28, 2018 Quality Professional Services Committee Meeting

2. Approval of Policies and Procedures

System Wide

- Medications: Look Alike, Sound Alike – System
- Medications: Prescribing and Ordering – System
- Pharmaceutical Company Representatives Policy
- Pharmaceutical Waste– System

San Leandro Hospital

- AcuDose Downtime Procedure
- Blood and Blood Product Administration
- Blood Glucose Monitor (Accu-CHEK Inform)
- Diabetic Patient Care
- ED Chronic Pain Management
- Intraoperative Environmental Cleaning
- I-STAT Analyzer Quality Control Procedure – Respiratory Dept
- I-Stat Procedure Maintenance and Troubleshooting – Respiratory Department
- Medication – Administration
- Pain Assessment and Management
- Post-Procedural Environmental Cleaning and Terminal Cleaning In Procedural and Surgical Suites
- Rapid Response Team
- Sedation, Deep (Using Diprivan (Propofol) and Etomidate (Amidate) for Procedures
- Suicide Risk Screening and Assessment

Trustee Bhuket asked if they could identify which Chief Administrative Officer was the responsible person on the policies going forward. Dr. Tanvir Hussain, VP of Quality, said they could discuss how to best accommodate the request in the Clinical Practice Council (CPC).

Trustee Hernandez asked about the “Medications: Look Alike, Sound Alike – System” policy. She wanted to know if there were any specific steps staff had to take before

ordering medications. Dr. Hussain said that they used double identifiers but the detail for that process was in a separate procedure. He said Epic capitalized the distinguishing features of the medication names, which would help going forward.

Trustee Banerjee asked about the “Suicide Risk Screening and Assessment” policy and if it was applicable for all facilities. Dr. Hussain said that San Leandro Hospital adopted the best practice approved by the Joint Commission. The scale was already used at Highland and Alameda and was being implemented, through the policy, in San Leandro.

ACTION: A motion was made and seconded to approve the Consent Agenda. The motion passed.

AYES: Trustees Banerjee, Bhuket, and Hernandez

NAYS: None

ABSTENTION: None

END OF CONSENT AGENDA

C. REPORT/DISCUSSION: QPSC Chair

Taft Bhuket, MD, Chair

1. Article Discussion: “Elements of Governance: The Board’s Role in Quality”

2. Is STEEEP The Way To See Quality at AHS?

Trustee Bhuket discussed the “Elements of Governance: The Board’s Role in Quality”. He said it was a good guiding document for boards and medical staff who interact with boards.

Trustee Hernandez discussed Population Health Models. She said that Alameda County Public Health had to do a county wide health needs assessment. She said the Board should be able to discuss needs in terms of who was using the facilities and what the patients needed.

Trustee Bhuket discussed the three questions an engaged board should be asking on page 296 of the agenda packet. He said it was in line with the direction setting they were trying to accomplish. He also discussed the three board responsibilities listed on page 300. He asked the QPSC members, the Administrators, and Clinicians to read over the list of questions on page 319.

Trustee Bhuket talked about the pillars and whether they could be changed to accommodate the STEEEP elements discussed at the previous meeting. He discussed the opportunity to collapse Access, Experience, and Quality into one pillar called, “Quality”. He asked if it would help them see quality more holistically.

Trustee Hernandez asked if they could identify how many of their dashboard items fell into each category and which were not well represented. How do we know or measure if we are being equitable? Epic should allow more opportunities to do so.

Dr. Palav Babaria, Chief Administrative Officer, discussed the metrics and the many points of data they already had. Trustee Banerjee asked how the data was used. Dr. Babaria

said they were still learning how to use it. They did review the data and try to learn from it. Once they could use provider level dashboards it would be easier to manage.

D. 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*

Dr. Hern reviewed the report on page 322 of the agenda packet.

Trustee Jensen arrived at 3:35pm.

Trustee Banerjee asked how to mitigate the bad patient outcomes due to lack of space. Mr. Luis Fonseca, Chief Operating Officer, said it was a multi-faceted problem that impacted most people in the facility. They had variable demand with fixed capacity. Each team was doing their part. The operations team was intimately involved. He said the teams worked to get patients ready to discharge and then quickly discharged, but sometimes there was no place for the patient to go. Leaders actively rounded in the units to be as efficient as possible. Housekeeping brought in staffing to address the variable nature of discharges. He said there was a surge committee, who implemented the surge plan, and recently transformed into the Throughput Committee to focus on the activities.

Dr. Rachel Baden, said the Throughput Committee met every two weeks and had so far established a common language and definition set. They also revived the daily multidisciplinary rounds to have every member of the care team on the same page.

Dr. Chiu reviewed the report on page 323 of the agenda packet.

Trustee Banerjee asked about the chair reimbursement contracts that were still pending. Mr. Fonseca said that Dr. Pirnia was actively involved to determine the appropriate contract mechanism would be based on agreements that were already in place.

Mr. Moye said the process fell upon the business owner to identify the need for a contract. Once the parameters were determined it was easy to get the contract in place. The more difficult question was regarding the work prior to the contract. There were challenges related to compensating physicians after the fact.

Dr. Chiu said there was a contract in place until December 31, 2017. With the election of new chairs there had been a lapse in getting a new contract and there were complicating factors such as some positions became Alameda Health Partners employees. Nobody had been paid since January.

Trustee Jensen asked if this was an issue for the other MECs. Dr. Magalong said it was an issue at Alameda Hospital. Mr. Moye said that Alameda Hospital had a different department structure. The clinical leadership at Alameda Hospital was negotiated through the individual provider contracts. Dr. Magalong said that for Alameda Hospital's physician leadership, only the president of the medical staff was compensated from Alameda Health Systems. Other clinicians who were leaders did not get any type of compensation. Trustee Bhuket said they

would ask for a report back from Dr. Jamaleddine.

Dr. Magalong reviewed the report on page 324 of the agenda packet.

E. ACTION: Recommendations for Access, Quality, Experience, and Network FY 2018-2019 TNM Dashboard

*Ghassan Jamaleddine MD, Chief Medical Officer
Tanvir Hussain, MD, Vice President of Quality*

Dr. Hussain reviewed the presentation beginning on page 326 of the agenda packet.

Trustees and staff engaged in a discussion regarding the average wait time data. Dr. Babaria said that through Sorian and NextGen, most clinics were on NexGen. This allowed for status and time stamping on wait times. They were working on tracking the entire cycle and there were many opportunities for improvement.

Trustee Hernandez asked if they also tracked wait times in the Emergency Department. Dr. Hern said they had been tracked for a long time and were reported on a national level due to Highland's status as a training hospital.

Trustee Banerjee said the no show rate was important, but the focus needed to be on the patient.

Dr. Babaria said, responding to questions regarding why the No Show Rates and the Third Next Available Appointment (TNA) had been removed from the dashboard, that TNA rates dropped once the templates standards had been completed and the established goals have been met regularly since. TNA was reviewed internally on a weekly basis. No Show Rates had been improved but had not yet met the goals. Patient related factors were a challenge, for example they had no incentives to cancel. AHS couldn't and wouldn't charge them for not showing up. A lot of work needed to be done before the data could impact change.

ACTION: A motion was made and seconded to approve the "Access", "Quality", and "Experience" metrics as recommended in the staff report. The motion passed.

AYES: Trustees Banerjee, Bhuket, Hernandez, and Jensen

NAYS: None

ABSTENTION: None

**F. REPORT/DISCUSSION: SBU Quality Metric Report
Post-Acute and Behavioral Health Quality and Safety Metrics**

*Ghassan Jamaleddine MD, Chief Medical Officer
Richard Espinoza, Chief Administrative Officer – Post-Acute
Dr. Karyn Tribble, Chief Administrative Officer – Behavioral Health*

Trustee Bhuket asked about the "National 30-day Rate". Dr. Hussain said that Behavioral Health tracked it to make sure the number didn't get worse, but it was nearly impossible to identify the correct benchmark. Trustee Banerjee pointed out that outside services impacted this benchmark as well.

Dr. Tribble said big ticket items included the 100% increase in the substance abuse grant they were getting to expand the program. She also mentioned the CSU versus PES discussion. They engaged leaders and staff to figure out how to make it more efficient and aligned with the structure they should be in and how it impacted patient care.

Mr. Espinoza said that in the post-acute environment each sector had improved, in alignment with STEEEP. Alameda Skilled Nursing Facilities (SNFs) have been rated at five stars for over 2.5 years, which was very unusual. The requirements for SNFs were changing and developing new processes for regulations that had been in place for 25 years was a challenge.

G. DISCUSSION: Planning Calendar/Issue Tracking

Taft Bhuket, Chair

H. 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.

PUBLIC COMMENT: None

TRUSTEE REMARKS: None


ADJOURNMENT: 5:00pm

This is to certify that the foregoing is a true and correct copy of the minutes of the regular meeting of July 26, 2018 as approved by the Quality Professional Services Committee on August 23, 2018:



Ronna Jojola Gonsalves
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: 

M.D. Moye
General Counsel