



QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING

THURSDAY, JANUARY 24, 2019

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

Chief of Staff – HGH/FMT/JGH/AMBULATORY Medical Staff: M. Kelley Bullard, MD

Chief of Staff - SLH Medical Staff: Michael Ingegno, MD

Chief of Staff - AHD Medical Staff: Joseph Marzouk, MD

QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING MINUTES

THE MEETING WAS CALLED TO ORDER AT 2:33PM.

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

ABSENT: None

A quorum was established.

A. CLOSED SESSION

1. Consideration of Confidential Medical Staff Credentialing Reports

M. Kelley Bullard, MD - HGH/FMT/JGH/AMBULATORY Medical Staff

Michael Ingegno, MD - SLH Medical Staff

Joseph Marzouk, MD - AHD 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 November 21, 2018 Quality Professional Services Committee Meeting

2. Approval of Policies and Procedures

Recommendation to the Board of Trustees for approval of the Policies listed below.

System

- Patient Complaints and Grievances
- Prevention of Unplanned Retained Procedure Items

Alameda Hospital

- Automated Dispensing Machine
- Emergent Pyxis Override Medication

San Leandro Hospital

- Emergency Crash Cart

Trustee Hernandez asked how Patient Complaints and Grievances Policy relates to urgent complaints. Dr. Tanvir Hussain, Vice President of Quality, said, per the policy, attempts were made to resolve the concerns immediately and escalated up the chain of command as needed. Patients were made aware of this process through the Patients' Rights policy. Trustee Hernandez said she wanted to be sure that patients understood this. Dr. Jamaledine said when staff didn't feel the policy was the best for the moment the situation was escalated. Policy can't drive common sense and dictate what is best for the patient.

3. Approval of revisions to the San Leandro Medical Staff Bylaws

Recommendation to the Board of Trustees for approval of the revised San Leandro Medical Staff Bylaws.

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

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

NAYS: None

ABSTENTION: None

C. REPORT/DISCUSSION: QPSC Chair

Taft Bhuket, MD, Chair

1. Article: "The Challenger Disaster Teaches Leaders To Face The Brutal Facts Of Reality."

Trustee Bhuket discussed the article beginning on agenda packet page 54 and an additional late submittal that can be found here: <http://www.alamedahealthsystem.org/wp-content/uploads/2019/01/2019-01-24-QPSC-C-Chair-Report-LATE-SUBMITTAL.pdf>

The Committee discussed how the article was a good reminder to speak up when there were issues and that they could learn from NASA's "Go No Go" process to slow down and make sure processes were being done correctly.

D. REPORT/DISCUSSION: Medical Staff Reports

M. Kelley Bullard, MD - HGH/FMT/JGH/AMBULATORY Medical Staff

Michael Ingegno, MD - SLH Medical Staff

Joseph Marzouk, MD - AHD Medical Staff

Dr. Marzouk discussed the report on agenda packet page 57.

His primary concerns, when Trustee Bhuket asked, were the workload of the hospitals due to increase of census and the thin specialty coverages detailed in his report.

Dr. Ingegno discussed the report on agenda packet page 56.

Trustee Hernandez asked Dr. Ingegno to describe a situation where a doctor would be accredited to work at San Leandro but not the other facilities. He said there were four of five positions that were not board certified and that could cause an issue. He did not anticipate that would be a large problem going forward.

Trustee Banerjee asked about findings from the Joint Commission survey. Dr. Ingegno said there were two findings related processes that were being handled differently than the bylaws indicated so they changed the bylaws to accommodate the findings.

Dr. Ingegno said his primary concerns were regarding the timeliness of the medical staff merger and getting things done quickly and efficiently. He also had concerns about the anesthesiology transition detailed in his report.

Dr. Bullard discussed the report on agenda packet page 55.

She said her primary concerns were surge, wellness, and S*A*P*P*H*I*R*E*. She says more support would be beneficial, though believes they have the ability to manage.

E. REPORT/DISCUSSION: SBU Quality Metric Report

Ambulatory Strategic Business Unit
Ghassan Jamaledine MD, Chief Medical Officer
Tanvir Hussain, MD, Vice President of Quality
Palav Babaria MD, Chief Administrative Officer

Dr. Babaria discussed the report and presentation beginning on agenda packet page 59.

Trustee Hernandez asked about the ability to know what more needs to be done to get African Americans in for colorectal cancer screening. Dr. Babaria said they can stratify every one of the quality metrics being tracked for PRIME. S*A*P*P*H*I*R*E* will allow the team to have a better sense of the issue.

Trustee Jensen asked about the qualifications for the MA Certification. Dr. Babaria said they had to pass a test and meet ongoing credit requirements.

Trustee Bhuket and Dr. Babaria discussed the requirements of S*A*P*P*H*I*R*E* training in Ambulatory. Dr. Babaria said finding backfill was challenging, even if funding was available. Robust conversations were needed to find a plan.

Trustee Bhuket asked about template reductions during the S*A*P*P*H*I*R*E* launch. She said the team was gathering data to develop individual service line mitigation strategies.

F. REPORT/DISCUSSION: Update: Human Rights Clinic

Dr. Nicholas Nelson, Medical Director, Human Rights Clinic

Dr. Nelson discussed the report and presentation beginning on agenda packet page 71.

Trustee Jensen asked how patients were referred to the clinic. Dr. Nelson said that immigration attorneys refer most clients for specific issues related to their cases. They do 10 half days of clinic each month both onsite and offsite and complete over 100 evaluations each year. He said that the asylum applications are successful for 95% of the clients seen at the clinic.

Dr. Jamaledine asked Dr. Nelson to discuss why these patients have challenges with regular doctors. He said that the Refugee Clinic doctors have specific awareness of symptoms caused by torture as well as symptoms that are endemic to the regions the patients come from.

Trustee Hernandez asked how successful they were at transitioning their patients to other physicians. Dr. Nelson said they are still working on bettering the process. Some patients already have another doctor somewhere else and don't come back after their evaluation, but there needed to be a better process for those who don't.

Trustee Banerjee asked about the pediatric population of the patients. Dr. Nelson said they recently got a pediatrician on board. Nearly all of the minors were from China and Central America. Trustee Banerjee asked if the clinic would see children separated at the border. Dr.

Nelson said down the road the clinic could potentially see clients who suffered, not only in their home country, but at the hands of ICE as well.

Dr. Bhuket asked what Dr. Nelson's top concerns were. He said worried about bringing up all the services being offered at the Refugee and Human Rights Clinics to the same standard and to making sure they have the capacity needed to serve the population.

G. REPORT/DISCUSSION: Patient Safety and Regulatory Affairs

Tanvir Hussain, MD, Vice President of Quality
Darshan Grewal, Director of Patient Safety

H. REPORT/DISCUSSION: True North Metric Dashboard Review

Tanvir Hussain, MD, Vice President of Quality

Trustee Hernandez asked for the readmissions levels to be addressed. Dr. Tanvir said national readmissions rates hovered around 15%, AHS was at 12.5% which was remarkable for a safety net organization. The stratified data showed that San Leandro Hospital and Alameda Hospital were at goal and Highland was slightly above. Cases were being reviewed to identify the root causes.

Trustee Bhuket asked what Dr. Hussain's primary concerns here. He said there was a tremendous amount of change in the organization. These changes were good, but it was incumbent on us as leaders to communicate and keep the front-line staff engaged with the changes.

I. DISCUSSION: Planning Calendar/Issue Tracking

Taft Bhuket, Chair

Trustee Bhuket discussed the calendar on agenda packet page 92. He clarified that the calendar had a mistake and that Behavioral Health and Post-Acute would provide their report in February. The miscellaneous report would include a follow up on provider wellness in February and Transfer Center would move out a little.

J. 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 January 24, 2019 as approved by the Quality Professional Services Committee on February 28, 2019:



Ronna Jojola Gonsalves
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: 
M.D. Moye
General Counsel