



## QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING

THURSDAY, FEBRUARY 28, 2019

2:30PM – 5:00PM

Conference Center at Highland Care Pavilion

1411 East 31<sup>st</sup> 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 – AHS Medical Staff: M. Kelley Bullard, MD*

*Chief of Staff - AH Medical Staff: Joseph Marzouk, MD*

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

## QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING MINUTES

THE MEETING WAS CALLED TO ORDER AT 2:34PM.

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT: Kinkini Banerjee (arrived at 2:40PM), Taft Bhuket, MD, Maria Hernandez, and Tracy Jensen

ABSENT: Trustee Charland

A quorum was established.

### A. CLOSED SESSION (Estimated 30 minutes)

#### 1. Consideration of Confidential Medical Staff Credentialing Reports

*M. Kelley Bullard, MD - AHS Medical Staff*

*Joseph Marzouk, MD - AH Medical Staff*

*Michael Ingegno, MD - SLH 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 January 24, 2019 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

- Controlled Substance Policy
- CRE Infection Control
- HIPAA Violations Sanctions
- Workplace Violence

Highland Hospital

- Addendum to Code Blue/Code White Crash Cart Medication Trays and Transport Boxes

Alameda Hospital

- Stroke Program Administration
- Stroke Management Nursing
- Medical Staff Focused Professional Review/ FPPE/Proctoring

**3. Recommendation to the Board of Trustees for approval of the proposed addition of Article IX to the Alameda Hospital Medical Staff Rules and Regulations.**

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

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

**NAYS:** None

**ABSTENTION:** None

**C. REPORT/DISCUSSION: QPSC Chair**

*Taft Bhuket, MD, Chair*

**1. Article: “One Way To Prevent Clinician Burnout” from Harvard Business Review**

Trustee Bhuket and the Committee discussed the article on agenda packet page 88.

**2. Article: “Never Events” from the Patient Safety Network**

Trustee Bhuket and the Committee discussed the article on agenda packet page 94.

**D. REPORT/DISCUSSION: Medical Staff Reports**

*M. Kelley Bullard, MD - AHS Medical Staff*

*Joseph Marzouk, MD - AH Medical Staff*

*Michael Ingegno, MD - SLH Medical Staff*

Dr. Bullard discussed the report beginning on agenda packet page 96.

Dr. Bullard indicated that her primary concerns were the merger, surge red, and provider wellness. She said they could always use more help, but she appreciated the time members of leadership and the board had given.

Dr. Ingegno discussed the report beginning on agenda packet page 100.

Trustee Banerjee asked about the timing on the revised bylaws. Mr. Moye said that the timeline called for the revised bylaws to be presented to the Board at the May meeting. If approved by the Board the Medical Staffs would ratify them subsequently. This would permit the newly constituted medical staff to be in place by January 1, 2020 which is 90 days prior to the license change as required by the CDPH.

Dr. Bullard said the Medical Staffs were committed to reach a resolution by March. Dr. Ingegno and Dr. Bullard discussed the ongoing conversations regarding the proposed voting membership. Trustee Hernandez voiced concern over appropriate representation. She wanted the Board to understand the options that were being considered.

Staff agreed to bring back information on insurer contracts at a future meeting as the issue was brought up by Dr. Ingegno.

Dr. Ingegno said his top three concerns were the merger, S\*A\*P\*P\*H\*I\*R\*E\*, and the impact of the anesthesiology issue on the Emergency Department.

Dr. Marzouk discussed the report beginning on agenda packet page 98.

Dr. Marzouk said his top concerns were transfers from Highland to Alameda Hospital and the ongoing cardiology issue.

**E. REPORT/DISCUSSION: SBU Quality Metric Report, Behavioral Health**  
*Karyn Tribble, PsyD, LCSW, Chief Administrative Officer, Behavioral Health*

Dr. Tribble discussed the report beginning on agenda packet page 102.

Trustee Jensen asked about the attempt to identify patients based on certain behaviors. Dr. Tribble clarified that they based the theory on assessments such as fall risk. So that all staff would know that patient needed assistance to stay safe. But, the patients' rights group said it would be a breach of patient confidentiality. Trustee Jensen asked if it was possible to group patients by these needs. Dr. Tribble said they couldn't be segregated, but they could have their rooms strategically located to help.

Trustee Hernandez asked about the level of cooperation with the Department of Public Health. Dr. Tribble said there was an open and ongoing conversation about the types of services that were being delivered as well as types of issues at hand. Trustee Hernandez said they had to know how to collaborate more effectively to connect the dots for the patients that were touching all the different services.

Trustee Banerjee asked if there was a scope of the post discharge contract. Dr. Tribble said the discharge with mentors' program was successful. They just met with Crisis Support Services who had a grant from Alameda County to provide post discharge follow up for patients who were suicidal. She also discussed the variety of pilot programs that take some of the discharges based on their needs.

Dr. Tribble said her top concerns were patient safety, staff engagement and capacity, and resources. She said they were creative with their resources, but the demand exceeded the need.

**F. REPORT/DISCUSSION: SBU Quality Metric Report, Post-Acute**  
*Richard Espinoza, NHA, Chief Administrative Officer, Post-Acute Care*

Mr. Espinoza discussed the report beginning on agenda packet page 109.

Trustee Banerjee asked about staff engagement. Mr. Espinoza said there had been a great deal of change and while it was beneficial for the patients it was an ongoing process with staff.

Mr. Espinoza said that his top three concerns were S\*A\*P\*P\*H\*I\*R\*E\*, the Acute Rehab move, and changes with CMS reimbursement. Six surveys would take place from May through October while they were training for both S\*A\*P\*P\*H\*I\*R\*E\* and the new reimbursement processes. He said he did feel resourced to navigate these concerns.

**G. REPORT/DISCUSSION: Provider Wellness as a Quality Metric**  
*Dr. Gene Hern, Immediate Past Chief of Staff, AHS Medical Staff*  
*Dr. Lisa Rosequist, Director of Provider and Resident Wellness*

Dr. Hern discussed the report available here: <http://www.alamedahealthsystem.org/2019-meeting-agendas-and-minutes/>

Trustee Banerjee asked what kind of leadership input he needed to get to the next stage. Dr. Hern said he was looking for space at the moment. He said space was an issue as they worked to schedule the program. The Wellness Counselor was a half time employee funded from various parts of the organization, he'd like to see the program be more institutionalized.

Dr. Jamaledine added that the counselor had been very affective. But they needed to look at it from a preventative approach as well. He said many factors caused burn out, from not understanding systems, to patient concern, to legal issues.

Dr. Hern said his top concerns for the program were structure, support, and engagement. He said he did not feel well-resourced to address these issues.

**H. REPORT/DISCUSSION: Patient Safety and Regulatory Affairs**

*Tanvir Hussain, MD, Vice President of Quality*

*Darshan Grewal, Director of Patient Safety*

Dr. Bhuket discussed the report beginning on agenda packet page 157. He said that between April 24 and December 31 there were 24 root cause analysis investigations by the quality team. Eleven at John George, one at Fairmont, 10 at Highland, one at Alameda Hospital and one at San Leandro. He discussed the National Quality Counsel's idea of never happened events. AHS had 11 in 2018. This organization was committed to navigating these concerns. Trustee Jensen added that the reporting was contributing to the numbers.

**I. REPORT/DISCUSSION: True North Metric Dashboard Review**

*Tanvir Hussain, MD, Vice President of Quality*

Dr. Bhuket discussed the report beginning on agenda packet page 164.

**J. DISCUSSION: Planning Calendar/Issue Tracking**

*Taft Bhuket, Chair*

Trustee Bhuket discussed the report beginning on agenda packet page 172. In March they would hear reports on the Transfer Center and the Acute Care SBU. In April they would hear reports on Translation Services and the Ambulatory SBU. He asked Dr. Hussain to be prepared to bring projections on the next set of True North Metrics to the May or June meeting.

**K. REPORT: Legal Counsel's Report on Action Taken in Closed**

*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: 5:03PM**

This is to certify that the foregoing is a true and correct copy of the minutes of the regular meeting of February 28, 2019 as approved by the Quality Professional Services Committee on March 28, 2019:

  
\_\_\_\_\_  
Ronnia Jojola Gonsalves  
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by:   
\_\_\_\_\_  
M.D. Moye  
General Counsel