



QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING

THURSDAY, MARCH 28, 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 – 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 2:32 PM.

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

ABSENT: Gary 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

2. Conference with Legal Counsel

M. D. Moye, General Counsel

**** 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.**

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 (Estimated 10 minutes)

- 1. Approval of the Minutes of the February 28, 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

- Marijuana Recreational and Medical Use Policy
- Medication Therapeutic Interchange Policy
- Medications Prescribing and Ordering Policy
- Parenteral to Oral Pharmacy Therapeutic Interchange Policy
- Warfarin Dosing Pharmacy Policy

Highland Hospital

- MCH Nitrous Oxide Use in Intrapartum
- Outpatient Pharmacy Ed Discharge Auto- Substitution Policy
- Pediatric Immunization Protocol
- Post Anesthesia and Sedation Discharge Criteria

Alameda and San Leandro Hospitals

- Surgical Residency

Trustee Hernandez asked given the Marijuana Recreational and Medical Use Policy, what would happen when a patient came with medical marijuana already in their possession. Alexander Pena, Associate General Counsel, said that Federal law prohibited the use of Medical Marijuana and California law allowed it, which put AHS in a difficult situation. He said there was a bill being reviewed that would require facilities that offered palliative care to allow medical marijuana. Trustee Hernandez worried about arbitrary decisions being made by medical practitioners and requested the policy more clearly state guidance. Dr. Jamaledine said that they take it case by case. If it became more ubiquitous and became a law, they would have to make accommodations.

Trustee Bhuket said that they still had opportunity for more consistency in the documentation. Page 20 noted the policy was approved in MEC but not which one. Each policy had an approval stamp, but they were all different and it wasn't clear if all MECs approved the policies or just one. On page 22 it indicated that the system MEC approved, but there was no such entity. On page 29 it looked like it hadn't been approved by the

CPC or any MECs on the policy, however on the Summary page showed it was. He noted several other similar inconsistencies. He requested an amendment stating that the summary document was incongruent with the policy documents.

Dr. Jamaledine said that policies did not get reviewed by QPSC until they have gone through the MECs. He suggested the language be updated appropriately.

ACTION: A motion was made and seconded to approve the Consent Agenda, noting the incongruence between the policy summary document and the policies themselves. The motion passed.

AYES: Trustees Banerjee, Bhuket, Hernandez, and Jensen

NAYS: None

ABSTENTION: None

END OF CONSENT AGENDA

C. REPORT/DISCUSSION: QPSC Chair (Estimated 10 minutes) *Taft Bhuket, MD, Chair*

1. Article: “Patient-Experience Data and Bias – What Ratings Don’t Tell Us”

Trustee Bhuket and the Committee discussed the article on agenda packet page 67.

The Trustees discussed the impact the inherent bias had on Persons of Color and their own experiences with the bias. Trustee Hernandez wondered how often they looked at the ethnic and gender data of the patients.

2. Article: “The Heart of the Hospital”

Trustee Bhuket and the Committee discussed the article on agenda packet page 70.

The Trustees discussed scaling the problem at AHS as there were issues across the pump and how the Board should walk through the entire process a patient went through.

D. REPORT/DISCUSSION: Medical Staff Reports (Estimated 35 minutes) *M. Kelley Bullard, MD - AHS Medical Staff* *Joseph Marzouk, MD - AH Medical Staff* *Michael Ingegno, MD - SLH Medical Staff*

Dr. Marzouk discussed the report beginning on agenda packet page 75.

Trustee Jensen asked if AHS was in compliance with the stroke policy up for approval. Dr. Jamaledine said they were in compliance and were taking steps to solve the problem created when one of the doctors was no longer able to offer the specialty care. Dr. Baden said neurology received emergency credentialing for Alameda. For the opening in cardiology, they launched a search and had some capable candidates. They would bring the top candidates to Alameda Hospital for the Medical Staff to meet.

Dr. Marzouk said that his top concerns, in order, were Neurology, GI coverage, and Cardiology, and the Transfer Center

Dr. Ingegno discussed the report beginning on agenda packet page 77.

Trustee Hernandez asked, regarding Dr. Ingegno's statement that community doctors would be unable to go to Highland for meetings, if they could use web-based video transmission of meetings. He said that the time was still a problem. The MEC meetings were on Wednesday mornings and none of them had time carved out to spend half a day in a meeting.

Dr. Ingegno said that his top concerns, in order, were ER throughput, S*A*P*P*H*I*R*E*, and the Medical Staff.

Dr. Bullard discussed the report beginning on agenda packet page 73.

Dr. Bullard said that her top concerns were trust and communication between the Medical staff and Executive staff.

E. REPORT/DISCUSSION: SBU Quality Metric Report (Estimated 20 minutes)

Acute Care Quality and Safety Metrics

Luis Fonseca, Chief Operating Officer

Teresa Cooper, RN, BSN, VP Patient Care Services Highland Hospital, Lori Foidl, RN MCHCA, VP Patient Care Services San Leandro Hospital, and Ronica Shelton, RN, MSN, VP Patient Care Services Alameda Hospital discussed the report beginning on agenda packet page 133.

Trustee Hernandez asked if there was a way for patients to acknowledge when they got exceptional service. The Daisey award was one of the options patients could access.

Ms. Shelton said her top three concerns, in order, were CNA negotiations, S*A*P*P*H*I*R*E*, and Patient experience.

Ms. Foil said her top three concerns, in order, were CNA negotiations, S*A*P*P*H*I*R*E*, and Quality and safety improvement processes.

Ms. Cooper said her top three concerns, in order were, staff burn out, surge, and S*A*P*P*H*I*R*E*.

F. REPORT/DISCUSSION: Transfer Center (Estimated 15 minutes)

Felicia Tornabene, MD, Associate Chief Medical Officer

Sheila Lyzwa, VP Care Management and Susan Caraballo, Transfer Center Supervisor, discussed the report beginning on agenda packet page 151.

Trustee Jensen asked if the transfers included the outgoing transfers to a different system.

Ms. Lyzwa said the model included all transfers inbound and outbound.

Trustee Jensen asked if they would be able to capture some additional revenue with S*A*P*P*H*I*R*E*. Mr. Fonseca said the efficiencies S*A*P*P*H*I*R*E* would bring would help.

Trustee Banerjee applauded the increased shifts but asked if it was enough. Ms. Lyzwa said there were gaps in service that would benefit from further increased shifts.

Trustee Hernandez asked how good the cooperation from the external partners was. Ms. Caraballo said when there was a surge, she captured community opportunities as possible, but all facilities had the same issues. She said that the payer was a barrier at times. For patients with no payer and sometimes Medical they had to come up with creative ways to get UCSF or Stanford to take the patients.

Ms. Lyzwa said her top three concerns, in order were, review of the subspecialties, filling gaps at transfer center, and standardization of acuity across the campuses

G. REPORT/DISCUSSION: Patient Safety and Regulatory Affairs (Estimated 10 minutes)

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

Trustee Bhuket discussed the report beginning on agenda packet page 163. He said the report was also discussed in closed session. At the last QPSC meeting, they reported 24 RCAs in 2018 including 10 at Highland, 11 at John George. At the current meeting they reported in calendar year 2019 there were a total of nine RCAs, seven at John George. He said the trends were important to watch and asked the COO to discuss.

Mr. Fonseca said that John George had a lot of personnel and process change in recent years. The entire previous year was concerned with addressing ligature issues that had changed the way they all work. He said their patient population was the sickest of the sick. The hospital operates above the ideal census all the time. The engagement has been noticed by the survey takers.

H. REPORT/DISCUSSION: True North Metric Dashboard Review (Estimated 5 minutes)

Tanvir Hussain, MD, Vice President of Quality

There was no discussion on this item.

I. DISCUSSION: Planning Calendar/Issue Tracking (Estimated 4 minutes)

Taft Bhuket, Chair

Trustee Bhuket discussed the report beginning on agenda packet page 179. He said they would discuss Translation Services at the next meeting along with the TNM forecast. Dr. Jamaledine would bring a report analyzing the idea of putting a patient in some board level position to the Committee in May.

J. REPORT: Legal Counsel's Report on Action Taken in Closed Session (Estimated 1 minute)

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

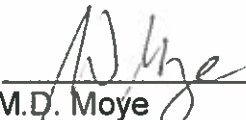
ADJOURNMENT: 5:00PM

This is to certify that the foregoing is a true and correct copy of the minutes of the regular meeting of March 28, 2019 as approved by the Quality Professional Services Committee on April 25, 2019:



Ronna Jojola Gonsalves
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: 

M.D. Moye
General Counsel