



QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING

Wednesday, February 24, 2021

5:30pm-7:30 pm

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: Telephonic/Electronic Meeting

COMMITTEE MEMBERS

Kinkini Banerjee

Taft Bhuket, MD, *Chair*

Jeanette Dong

Jennifer Esteen

Tracy Jensen

Sblend A. Sblendorio

NON-VOTING MEMBERS

Chief of Staff – AHS Medical Staff

Chief of Staff - AH Medical Staff

QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING MINUTES

THE MEETING WAS CALLED TO ORDER AT 5:35 pm.

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT: Kinkini Banerjee, Taft Bhuket, MD, Jeanette Dong , Jennifer Esteen, Tracy Jensen, and Sblend A. Sblendorio (arrived at 6:50pm)

ABSENT: None

A quorum was established.

PUBLIC COMMENT: None

NOTE: 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.

Trustee Bhuket read from the QPSC Charter:

3. Purpose/Goals/Responsibilities

3.1. Purpose. QPSC is established to provide oversight and leadership for medical staff credentialing, review of organizational policies, and monitoring of organizational, quality assurance, performance improvement, and safety programs. QPSC is charged with continuing the practice of direct communication with medical staff leaders on issues of clinical operations and patient care.

A. REPORT/DISCUSSION: QPSC Chair

Taft Bhuket, MD, Trustee

A1. Article. Stanford Decision Engineer Shares 5 Mistakes People Make When Facing Hard Choices. Peck, Sarah. Inc.com. May 11, 2018.

Trustee Bhuket discussed the article beginning on agenda packet page eight.

Trustee Banerjee said they give themselves false choices sometimes. Usually they could come up with a better solution when the options were non-binary.

A2. Article. Engaging Health System Board of Trustees in Quality and Safety: Six Must-Know Guidelines. Grossbart, Stephen. Healthcatalyst.com. June 5, 2019.

Trustee Bhuket discussed the article beginning on agenda packet page 11.

Trustee Dong said the article was timely given the governance conversations and the upcoming retreat to remind them of their fiduciary responsibilities.

Trustee Esteen thought the example of the hospital that received troubling findings from regulators after safety issues was timely for AHS as they thought about how they wanted to improve quality and transparency. She shared a story of a patient who was admitted without a full set of clothing and AHS did not have enough clothes to provide to her upon discharge. Trustee Esteen said hearing stories like that was important to help them not lose sight of the small details they often miss.

B. ACTION: Consent Agenda

B1. Approval of the Minutes of the January 27, 2021 Quality Professional Services Committee Meeting

B2. Recommendation of Approval of Policies and Procedures

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

AHS System – February CPC and MEC Approvals

- COVID-19 Vaccine Policy (AHS)
- Debt Collection Practices and Collection Agency Management (AHS)
- Hospital Financial Assistance and Charity Care (AHS) and Attachments
- Prevention of Unplanned Retained Items (AHS)
- Resident Supervision Policy (AHS)

B3. Approval of Revised Medical Staff Privilege Form

Irina V. Williams, M.D., Alameda Health System Chief of Staff

B4. Recommendation of Approval of Updated Education Competencies

Irina V. Williams, M.D., Alameda Health System Chief of Staff

Catherine Pyun, D.O., Alameda Hospital Chief of Staff

Trustee Bhuket asked if any member of the Committee would request to remove an item from the Consent agenda to discuss and vote on separately.

Dr. Williams requested that the Debt Collection Practices and Collection Agency Management (AHS) policy be removed from Consent.

ACTION: A motion was made and seconded to approve the Consent Agenda without Debt Collection. A roll call vote was taken, and the motion passed.

AYES: Trustees Banerjee, Bhuket, Esteen, Jensen

NAYS: None

ABSTENTION: None

Dr. Williams said she recalled that the MEC agreed to send the Debt Collection Practices and Collection Agency Management (AHS) policy back to remove the requirement to report the debt to the collection agency, but she had informed that the policy was approved with that change and she was comfortable with the policy being voted on.

ACTION: A motion was made and seconded to approve the Debt Collection Practices and Collection Agency Management (AHS) policy. A roll call vote was taken, and the motion passed.

AYES: Trustees Banerjee, Bhuket, Esteen, Jensen

NAYS: None

ABSTENTION: None

Trustee Banerjee asked about the COVID-19 Vaccine Policy (AHS) policy on agenda packet page 44. The race, ethnicity, and demographic data seemed optional. She asked what was being collected. Dr. Swift said. they were required to report the racial and ethnic make-up of every vaccine recipient.

Trustee Banerjee asked if California was reporting the data. Dr. Swift referred to a dashboard at the County for the regular data. They collected sexual orientation and gender identity of patients, but it was not part of the required reporting for the vaccination program.

END OF CONSENT AGENDA

C. REPORT/DISCUSSION: Medical Staff Reports

- AHS Medical Staff: Irina Williams, MD (Chief of Medical Staff)
Edris Afzali, MD (SLH Leadership Committee Chair)
- AH Medical Staff: Cathy Pyun, MD (Chief of Medical Staff)

Dr. Williams spoke regarding the report on agenda packet page 152.

Trustee Bhuket recapped that Dr. Williams top concerns were trust, accountability, and communication. He asked if she was still concerned about talent retention as she discussed previously. Dr. Williams said there was still a concern. They were trying to find a way for the Medical Staff to work with EBMG to address the concern. She felt like it was a big task, but they were in the process of addressing the concerns.

Dr. Afzali spoke regarding the first San Leandro Hospital Leadership Committee meeting.

Dr. Pyun spoke regarding the report on agenda packet page 153.

Trustee Dong asked, regarding physician retention, if there was a trend for where physicians were exiting to. Dr. Williams said that they did not have a consistent process for follow up.

Trustee Banerjee asked if they conducted exit interviews. Dr. Jamaledine said that usually the Chairs did exit interviews. He spoke regarding several recent resignations, that had been backfilled and some ongoing recruitments. Dr. Akileswaran would work on developing a more structured exit interview process.

Trustee Bhuket said there was a return on investment for physician retention, some estimates were up to three quarters of a million dollars for an unretained physician.

Trustee Esteen asked if they could compile data from exit interviews. Dr. Jamaledine said they could. Trustee Bhuket suggested the HR Committee could work on that.

Dr. Pyun said she felt resourced and optimistic and looked forward to continued dialogue on the issues.

Trustee Dong said that organizational culture improvements were free. It wasn't always about salaries and money. It was about how staff were supported.

Mr. Jackson said he'd been asked by staff if it was safe culture to speak up in. He wanted to assure the Trustees and staff that they had to allow people to be candid and free with the issues they encountered.

D. REPORT/DISCUSSION: Patient Safety, Regulatory Affairs, and Quality TNM Dashboard

(estimated 15 min)

Tanvir Hussain, MD, Chief Quality Officer

Darshan Grewal, System Director of Patient Safety

Nilda Perez, System Director of Regulatory Affairs

Annette Johnson, Quality Analytics Manager

Dr. Hussain discussed the reports beginning on agenda packet page 154.

Trustee Bhuket asked if the Trustees could get a copy of the Score Survey Questions.

Trustee Bhuket asked if future presentations on Patient Safety could begin with the trend line by harm Score with definitions of the harms.

Trustee Bhuket said the TNM elements were voted on by the QPSC each year, usually in June. He asked for monthly SBU quality related dashboards to be added to the packet for each meeting as addendums or written reports.

Trustee Jensen discussed the ED surges at Highland and the "Median Time from Decision to Admit to Inpatient Bed" metric on agenda packet page 173. Dr. Hussain said that the metric looked at the time the decision to admit was made to the time the patient was in a hospital bed. It was a slice of the larger component which was total ED throughput. The metric of surge was not encompassed in the metric in question. Dr. Tornabene said there had been a few surge reds at the Highland ED. She tended to look at the number of patients who had extended lengths of stay, which was often over 40. The non-acute patients had typically been about 10%. When they got the extended length of stay numbers down into the 20s the entry numbers into surge reds were much decreased. Ms. McInnis added that they worked closely with the Transfer Center to help manage the issue. The surges seen a couple months prior were during times when San Leandro and Alameda were surging as well. There was lots of work to be done to help manage the long stays. Dr. Jamaledine said they typically saw the lengths of stay and the surges during the cold weather months.

Trustee Dong asked how the Fiscal Year 21 Target was set on the dashboard. Dr. Hussain said it depended on the metric in question. They included details in the narrative. Most metrics were benchmarkable to national, state, and local standards. They tried to set targets to increase performance over prior. With metrics related to items such as payments they set the targets comparable to external benchmarks when available. Press Gainey had a methodology for patient experience that was used. Where benchmarking does not exist, for example in avoidable days, they try to use a 5% improvement strategy.

Trustee Esteen wanted to see length of stay through the total ED throughput and not just time from decision. She was also curious about what the actual factors were that impacted the length of stay.

E. REPORT/DISCUSSION: Current State of Clinical Education (Non-GME Related) at AHS

(estimated 20 min)

James E.T. Jackson, Interim Chief Executive Officer

Trustee Sblendorio arrived at 6:50pm.

Mr. Pearson, speaking as a member of the public, said they had seen some alarming and dramatic changes to clinical education with no communication regarding the changes. In person education, by qualified trainers, had been nearly eliminated. They have the introduction of new equipment or medications that did not come with education and that was not ok for the patients.

Mr. Jackson said this was a pressing issue. He'd asked Mr. Fratzke to discuss the framework that would ensure staff received the needed training. Mr. Fratzke said it was his intent to work with the Department of Transformation, where education was housed, while they determined what the best structure for the department would be. He said they would work on improving communication about the process as well.

Trustee Esteen asked what the timeline was for the job postings. Mr. Fratzke said the positions were already posted and they were resourcing options for different methods of advertising. Trustee Esteen asked if financial premiums were being offered as incentives. Ms. Lozano said the salaries were previously less than a bedside nurse, so they were difficult positions to recruit for. The pay had been increased. They had one offer out to an internal candidate. She said they were working with nursing staff as well to determine what level or training was needed.

Trustee Bhuket asked what the budget for clinical education was and how many FTEs were allotted. Ms. Lozano said they had a total of six FTEs and one PTE with none filled. She had an upcoming meeting with Vizient to ensure their benchmarking was correct. He asked why the operation was moved to a non-clinical department. Ms. McInnis said the move was a decision by a former leader. Ms. Lozano said she understood the decision was made because clinical education needed to be more broad than just clinical nursing, as it spanned repertory, pharmacy, environmental services. It would become a system level department.

Trustee Blue said she believed they were required to have a nurse education department. Ms. McInnis said they report to the director of education who was an RN. Trustee Blue said they should look at SF General for their model. Trustee Blue asked if the doctors did their own education. Trustee Bhuket said it was a mixed bag.

Trustee Banerjee said it was frustrating to hear of these issues. The Joint Commission had ongoing discussions with them about clinical education. To have an entire foundational department taken out with no plan in place and punting that to a departed leader was not acceptable.

Trustee Esteen agreed it was the job of nursing leadership to ensure that nurses were educated consistently and constantly. She asked for in the sake of transparency how this could have happened. Paying nurse education leaders less than bedside nurses indicated that the educators were not valued. She asked for answers on how this happened and for the new job descriptions to ensure they were not watered down. Ms. Lozano said the job descriptions were not watered down as the priority was to get qualified people to do the work. She agreed that they needed to be

paid accordingly for qualified and experienced educators and said that they had already increased the pay bands for the positions.

Trustee Dong said that when she served on the nursing board they spent a lot of time discussing nurse education. She had confidence that leadership would provide corrective action to the overall issue.

Mr. Jackson said that there was no more important issue on his plate. They were working on this every day and would bring a plan back to the Board soon.

F. REPORT/DISCUSSION: HEDI: Safety and Quality Data Analysis Plan (estimated 20 min)
Tanvir Hussain, MD, Chief Quality Officer

Dr. Hussain reviewed the presentation available here:

<http://www.alamedahealthsystem.org/2021-meeting-agendas-and-minutes/>

Trustee Bhuket said this was required of them to fulfill their mission. He asked if they could add this as an item on the dashboard. Dr. Hussain said he'd have to consider it. He wanted to track things that were standard and benchmarkable. One of the suggestions under 'equitable' in the CARES packet was to stratify metrics by these categories. Trustee Bhuket asked about the harms analysis by racial, ethnic, language, and gender identity, how they did this part. Dr. Hussain said they need to look at the line level data to see what was available.

G. INFORMATION: Planning Calendar/Issue Tracking (estimated 5 min)
Taft Bhuket, MD, Chair

Trustee Bhuket said they would like to hear a throughput report, but it could be offline.

Dr. Tornabene said recurring quality improvement teams come to share improvements that can be small or large. Trustee Bhuket suggested adding a standing item to the agendas called, Quality Improvement Work or something similar and that it could start in March with 10-15 minutes allotted for the conversation.

Trustee Esteen requested regular updates regarding Nursing Education.

Trustee Dong requested a summation of the exit interviews. Trustee Bhuket suggested the HR Committee take that on.

Mr. Moye announced that the Board of Trustees were adjourning into Closed Session to discuss the agenda items per the applicable Government Codes.

H. CLOSED SESSION

H1. Consideration of Confidential Medical Staff Credentialing Reports
Chief of Staff Committee, AHS Medical Staff
Chief of Staff, AH Medical Staff

H2. 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)

OPEN SESSION

I. 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.

ADJOURNMENT: 8:18 pm

This is to certify that the foregoing is a true and correct copy of the minutes of the Quality Professional Services Committee meeting of February 24, 2021 as approved by the Quality Professional Services Committee on March 24, 2021:

Ronna Jojola-Gonsalves
Ronna Jojola-Gonsalves (Apr 14, 2021 12:16 PDT)

Ronna Jojola Gonsalves
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: *M. D. Moye*
M. D. Moye (Apr 14, 2021 09:41 PDT)

M.D. Moye
General Counsel