



QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING

Wednesday, May 26, 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 TIME 5:33 pm.

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT: Kinkini Banerjee, Taft Bhuket, MD, Jennifer Esteen, Tracy Jensen, and Sblend A. Sblendorio (out at 6:30)

ABSENT: Jeanette Dong (excused)

PUBLIC COMMENT: Non-Agenda Items

None

A. REPORT/DISCUSSION: QPSC Chair

Taft Bhuket, MD, Trustee

A1. Article. How Gratitude Can Reduce Burnout in HealthCare. Mind & Body January 2018.

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

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 Jensen shared a spontaneous show of gratitude she witnessed and how important that was.

Ms. Jones said they were looking at different avenues for rewarding and recognizing employees and were open to feedback.

Trustee Sblendorio said it was one of those things where people who were natural at it did it and those who weren't might never. Simple acts went a long way.

Trustee Bhuket recognized and thanked Dr. Hussain for his work. AHS was better because he had been a part of the organization.

B. ACTION: Consent Agenda

B1. Approval of the Minutes of the April 28, 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 – May CPC and MEC Approvals

- Dispensing Medications Policy – PLEASE NOTE: Dec CPC and Jan MEC approved
- System Medication Sample Policy – PLEASE NOTE: Dec CPC and Jan MEC approved

Highland Hospital

- Medication -- Anesthesia Pyxis MedStation System

B3. Approval of Revised Medical Staff Privilege Form(s)

Cathy Pyun, D.O., Alameda Hospital Chief of Medical Staff

Trustee Sblendorio moved and Trustee Esteen seconded to approve the Consent Agenda.

ACTION: A motion was made and seconded to approve the Consent Agenda. A roll call vote was taken, and the motion passed.

AYES: Trustees Banerjee, Bhuket, Esteen, Jensen, and Sblendorio

NAYS: None

ABSTENTION: None

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, DO (Chief of Medical Staff)

Dr. Pyun discussed the report on agenda packet page 40. She said her primary concerns were ...

Trustee Jensen said Dr. Lowry and Dr. Deutsch were critical to the hospital and she was sad they would not be heading the department anymore, but she was thankful they would still contribute to the hospital.

Trustee Bhuket asked how they could measure if the changes were better or not. Dr. Pyun said excellent care and coverage were fine. She would hear from the hospitalists if things were going wrong and they would address them. Trustee Bhuket said there were metrics for success.

Dr. Afzali discussed the San Leandro Hospital Leadership Committee meeting. Patient volume was trending upward. For the later part of April and through May the ED volume had been about 70 a day, a 15% bump from 2020 and a 5% bump from April. Transfers were at about a 14% jump from April but steady to last year. There was a two-pronged approach to subspecialty consults and follow ups one being tele medicine. He said the linear probe on the ultrasound machine stopped working and the unit just passed its warranty mark. He hoped the replacement would be available soon.

Trustee Banerjee asked if the transfer rate was it 70% from Highland. Dr. Afzali said that it was seven percent out of San Leandro from the ED. The majority was to Highland, some to Alameda, and some out of the system, mostly due to lack of specialty or subspecialty coverage that didn't exist at San Leandro.

Trustee Bhuket asked about ultrasound probe disfunction and if he have an understanding on how to troubleshoot these items. Dr. Afzali said the ED leadership was informed, he was still learning.

Trustee Esteen requested the Board get a report out once the process for informing leadership of issues like this was created.

Dr. Williams discussed the report beginning on agenda packet page 38.

Trustee Bhuket asked if the Culture of Safety report had been distributed to staff. Dr. Williams said the links to the results had been distributed. They received scheduling information for next steps.

Trustee Jensen asked for a clarification of the issue of the nursing care quality strategy. Dr. Williams said the concern was for them to have a robust system of event reporting and reviewing and discussing those events appropriately. Mr. Fratzke said nursing as a profession should be governing and assessing its own practice. Many have a nursing peer review practicing committee where they would review events as needed. He wanted that structure in AHS. Trustee Jensen said this should be reported out to QPSC.

Trustee Banerjee asked if the MECs met regarding the specialty care and coverage. Dr. Williams said the goal was to have the right representation from each hospital.

Trustee Bhuket announced they were going to hear agenda item E prior to agenda item D.

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

Tanvir Hussain, MD, Chief Quality Officer
Darshan Grewal, System Director of Patient Safety
Nilda Perez, System Director of Regulatory Affairs
Annette Johnson, Quality Analytics Director

Dr. Hussain discussed the reports beginning on agenda packet page 42.

Trustee Jensen asked why there was two different laboratory surveyors and if it had to do with the different licenses. Dr. Hussain said he'd research the reason and get back to her.

E. ACTION: Approval of the True North Metric Dashboard Quality Metrics (FY21-22)

Tanvir Hussain, MD, Chief Quality Officer

Dr. Hussain, Dr. Gupta, and Ms. Johnson discussed the report beginning on agenda packet page 65.

Trustee Esteen moved and Trustee Jensen seconded to approve the TNM Dashboard Quality Metrics for FY21-22.

ACTION: A motion was made and seconded to approve the TNM Dashboard Quality Metrics for FY21-22. A roll call vote was taken, and the motion passed.

AYES: Trustees Banerjee, Bhuket, Esteen, Jensen, and Sblendorio

NAYS: None

ABSTENTION: None

Trustee Sblendorio left at 6:24pm

F. REPORT/DISCUSSION: Quality Improvement Project Report, Covid-19 Quarantine Unit

Richard Espinoza, CAO Post-Acute

Mr. Espinoza, Ms. Pelgone-Herz, and Ms. Olandria discussed the report beginning on agenda packet page 72.

Trustee Bhuket said that the June report would be substance use disorder. July would be about the Transfer Center.

G. INFORMATION: Planning Calendar/Issue Tracking

Taft Bhuket, MD, Chair

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

H. CLOSED SESSION

H1. Consideration of Confidential Medical Staff Credentialing Reports

Chief of Staff, AHS Medical Staff
Chief of Staff, AH Medical Staff

H2. Conference with Legal Counsel

Ahmad Azizi, Interim 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

Ahmad Azizi, Interim General Counsel

Mr. Azizi 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: TIME 7:33 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 May 26, 2021 as approved by the Quality Professional Services Committee on June 23, 2021:

Ronna Jojola-Gonsalves

Ronna Jojola Gonsalves
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: *shakib azizi*
shakib azizi (Jun 25, 2021 15:33 PDT)

Ahmad Azizi
Interim General Counsel