



QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING

Wednesday, July 28, 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

Mark Friedman Tracy Jensen

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 5:30 pm.

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT: Kinkini Banerjee, Taft Bhuket, MD, Jennifer Esteen (arrived at 6:10pm), Mark Friedman, and Tracy Jensen

ABSENT: Jeanette Dong

PUBLIC COMMENT: Non-Agenda Items

None

A. REPORT/DISCUSSION: QPSC Chair

Taft Bhuket, MD, Trustee

A1. Article. How to Measure the Value of Virtual Care. HBR 2021.

Trustee Bhuket read from the article.

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 Banerjee said she was surprised that less than one percent of appointments pre COVID were virtual and the episodic nature of the continuum of care.

Mr. Jackson said at the beginning of COVID virtual medicine was nominal at best. It quickly became integral to our ability to do this work, and it seems to be here to stay. He said they would be a hybrid operation.

Mr. Fratzke discussed the reduction of health care expenses over the course of a patient's life. If they could reach more patients, even if they did not get paid for it, over time the health care expenses in totality were reduced by way of preventing admissions and acute care down the line. It was incumbent upon them to figure out how to reach everyone regardless of the value of the payment. They were there to serve all.

Dr. Jamaledine said their no-show rates were at their lowest. The budgeted visits in ambulatory have gone five percent above. They were able to send some medications directly to the patient's homes. He said that when his patients had several tele visits and then an in-clinic visit, he discovered that he didn't miss much with the tele visits. The overcrowding in the PES has improved in part because of tele psychiatry.

Trustee Freidman added that there was a need to bridge the digital divide. He spoke to a program that was set up to ensure every kid in Oakland had a computer, wi-fi, and training. He wasn't sure if AHS had a plan to ensure their patients had access and training. Staff also needed training.

A2. More Hospitals Impose Vaccine Mandates for Employees. NYT, 2021

A3. New York to Require Vaccination or Weekly Testing for City Health Workers. NYT, 2021

Trustee Bhuket said Governor Newsome released his vaccine verification program which required all state employees and hospital and health care workers, both public and private, to show proof of vaccination or negative test results. He said as of the current date, there were 27 positive COVID patients in hospital, six in the ICU, and two on ventilators. One month ago, there were zero patients in hospital.

Mr. Jackson said that they had anticipated and had been preparing for the fourth wave of COVID for some time. They prepped for moving to mandatory vaccinations for staff for some time as well, though it had not been implemented yet, thought it would happen.

Mr. Fratzke said the ROC team was starting to unravel some of the progress they had made regarding visitation and masking. The anxiety that created in the staff who feel they were going back to the way things were was creating a small increasing in sick days for staff. They needed to manage the messaging for all the work that may come to them in the future and recognize the impact it had on the staff.

Dr. Jamaledine said many countries had mandated the vaccines for health care workers. They knew the vaccine was effective and safe. The Delta variant was happening and propagated by the people who were not vaccinated. The viral load with the Delta variant was 1000 times more than the alpha variant. They knew that the vaccines being utilized in the United States protected against the illnesses and death. As a health system, they would be encumbered with testing. It

was a big process and would carry a significant cost. The California Hospital Association would meet regarding communicating these issues to the Governor.

Trustee Friedman said this was an unfunded mandate. The fiscal consequences needed to be considered. He said that most labor unions that represented State workers were supporting the mandate expect for SEIU Local 1000, the largest State employee union. He said they needed to be aware of that as they prepared to incorporate the mandate into their work.

Trustees Bhuket and Banerjee discussed Dr. Jamaledine's departure from the organization and expressed appreciation for the compassionate work he'd done in the organization citing his strong habit of advocating for the patients.

B. ACTION: Consent Agenda

Trustee Jensen requested they pull agenda item B3 from the Consent Agenda for discussion.

B1. Approval of the Minutes of the June 23, 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

- Visiting Hours/Visitors
- Sedation/Analgesia for the Mechanically Ventilated Patient Procedure
- System Medication Samples
- Sedation Medications on the Vent Policy
- COVID-19 Vaccine Policy
- Pharmaceutical Waste
- Medication Area Inspections Policy
- Discharge Medications Policy

B3. Recommendation of Approval of Medical Staff Policy and Procedure

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

- Attending Physician Coverage for Patient Admitted at Alameda Hospital

B4. Approval of Privilege Forms

Revised Privilege Forms for Alameda Health System and Alameda Hospital

- Emergency Medicine Multifacility
- Neurology Multifacility
- Tele neurology Multifacility

Revised Privilege Forms for Alameda Health System

- Alameda Hospital Medical Privileges

Trustee Banerjee moved, Trustee Jensen seconded to approve the Consent Agenda items B1, B2, and B4.

ACTION: A motion was made and seconded to approve the Consent Agenda items B1, B2, and B4. A roll call vote was taken, and the motion passed.

AYES: Trustees Banerjee, Bhuket, Friedman, Jensen

NAYS: None

ABSTENTION: None

Trustee Jensen said she just wanted to hear more about the item as it seemed to be related to issues Dr. Pyun had brought to them before.

Dr. Pyun said that they'd transitioned from mostly community physicians who were very responsive. With AHS taking over the surgeon contract there were more surgeons, and it was confusing for nurses and it was unclear how to reach the correct surgeon. The policy clarified the process.

Trustee Jensen moved; Trustee Banerjee seconded to approve the Consent Agenda item B3.

ACTION: A motion was made and seconded to approve the Consent Agenda item B3. A roll call vote was taken, and the motion passed.

AYES: Trustees Banerjee, Bhuket, Friedman, Jensen

NAYS: None

ABSTENTION: None

C. REPORT/DISCUSSION: Medical Staff Reports (estimated 20 min)

- 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. Afzali said ED volumes were bouncing back. July was even higher than June at 32% compared to previous year. The new challenge was overcrowding in their 13-bed department. He was focused on working with the team to offload ED volumes for patients who had completed their care. He said he was looking forward to meeting with the new liaison for the Transfer Center. He said he was also focusing on physician burn out. He was planning a meeting with engineering to address triage and registration space issues. Technology was also a focus. Tele triage was an efficient way to start work ups and would pilot soon.

Trustee Bhuket tele triage sounded innovative. He asked how that process was created and what the implementation to upscale the program would be.

Trustee Esteen arrived at 6:10pm.

Dr. Afzali said they'd been talking about it since the beginning of COVID as a way to protect providers and minimize contact. The volumes dropped though, and it became less needed. Using

technology to do a remote primary evaluation would be efficient and allow the provider in department to stay with their patients.

Trustee Bhuket asked if it would scale to Highland or Alameda. Dr. Afzali said it could scale. Alameda Hospital had a layout that made it less needed, but it could be used at any location.

Dr. Pyun reviewed the report on agenda packet page 125.

Trustee Esteen asked about the increased documentation being asked of the nurses, as explained by Dr. Pyun and on agenda packet page 125. She asked how it impacted the changes they were trying to implement concerning triads and leadership. Dr. Pyun said Epic had boxes the nurses checked each box indicating status. But it didn't really speak to what exactly happened with the patient when things went outside the checklist. The physicians were requesting a more narrative note on top of the check list to provide details to help the clinician. Mr. Fratzke said he'd speak with the VPs of nursing at each site to gain a better understanding of the issue and provide assistance with the solution. This was the first he'd heard of the issues. He also said, regarding her concerns regarding subspecialties, he'd be happy to participate in the solution.

Trustee Jensen asked for a status on a concern from another meeting about getting patients off the ambulance and into the ED in a timely manner. Dr. Pyun said they were working on a plan. She was working closely with Dr. Joshi on how to manage the intake when many patients arrive close together. Mr. Fratzke said the issue was brought up at an Alameda Hospital Board meeting. There had been a couple of occasions where staff requested the patient stay in the ambulance while before they moved patients in. He said that it has not happened since and there would be a report brought back to the next Alameda Hospital Board meeting. Mr. Jackson added that he spoke with Dr. Joshi regarding the issue. They were able to drill down and understand what contributed to the situation. They understood how to prevent the situation going forward.

Trustee Esteen said that was an alarming situation. She asked if the triage nurses at Alameda Hospital were travelers or staff. That felt like a borderline EMTALA violation. Mr. Fratzke said it was at least not best practice. They were taking care of it.

Dr. Boesch reviewed the report on agenda packet page 123.

Trustee Bhuket talked about length of stay. The system's current length of stay was 1.02, meaning the observed time and the expected time were aligned. This was a different situation than it used to be. Dr. Boesch said the initiatives were improving patient care.

Trustee Banerjee appreciated that these issues were brought forward to allow action to improve the situation.

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

Dr. Ghassan Jamaledine, Chief Medical Officer
Darshan Grewal, System Director of Patient Safety
Nilda Perez, System Director of Regulatory Affairs
Annette Johnson, Quality Analytics Director

Dr. Jamaledine reviewed the reports beginning on agenda packet page 127.

E. REPORT/DISCUSSION: Quality Improvement Project Report, Transfer Center Transformation

Ryan DeGive, Director, Systems Admissions Transfers

Dr. Berenice Perez, Emergency Medicine

Mr. DeGive and Dr. Perez reviewed the report beginning on agenda packet page 152.

Trustee Banerjee asked if there was coordination with the County for distributing patients coming into the system via ambulance so that when the beds were full at one location they could be diverted to another. Dr. Perez said the Transfer Center wasn't directly involved with that, but there was coordination through a ready net system.

Trustee Jensen asked if they had discussed having the Transfer Center redirect transports to other facilities when one was full. Mr. DeGive said they had not discussed it and wasn't sure what the legal process was. But they could look into it.

Trustee Jensen asked what hours the transfer coordinators were available. Mr. DeGive said they were available from 10am to 8:30 every day. Trustee Jensen asked if there were differences between code reds and bed availability when the center is open versus when it was closed. Mr. DeGive said there was some evidence to make the case they should stay open later. Trustee Jensen said that would then be an issue for the CEO and COO to look into.

Trustee Bhuket asked what their messaging and communication plan was for those who might not be aware of it. Mr. DeGive said they shared issues with the Transfer Council. Trustee Bhuket suggested the Chiefs of Staff could help filter the information down to

F. INFORMATION: Planning Calendar/Issue Tracking

Taft Bhuket, MD, Chair

Trustee Bhuket said that Trustee Esteen previously requested an update on nursing education, which was still being developed. Throughput was another request. The Transfer Center report was part of that, but there could be more.

Mr. Azizi said the Committee would meet in Closed Session to discuss the items as set forth in the agenda.

G. 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

H. 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: 7:35pm

This is to certify that the foregoing is a true and correct copy of the minutes of the Quality Professional Services Committee meeting of July 28, 2021 as approved by the Quality Professional Services Committee on August 25, 2021:

Ronna Jojola-Gonsalves

Ronna Jojola Gonsalves
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: *shakib azizi*
shakib azizi (Oct 4, 2021 15:27 PDT)

Ahmad Azizi
Interim General Counsel









2021-07-28 QPSC Minutes APPROVED

Final Audit Report

2021-10-05

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