



**QUALITY PROFESSIONAL SERVICES COMMITTEE MINUTES
THURSDAY, November 30, 2017
3:00PM – 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 **

Barry Zorthian, MD, *Chair*
Kinkini Banerjee
Gary Charland
Joe DeVries
Maria Hernandez
Tracy Jensen
Michele Lawrence

NON-VOTING MEMBERS

Joel Chiu, MD
Kelly Bullard, MD
Elpidio Magalong, MD

MINUTES

THE MEETING WAS CALLED TO ORDER AT 3:12pm

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT:

Kinkini Banerjee, Gary Charland, Joe DeVries, Maria Hernandez, Tracy Jensen, Michele Lawrence, and Barry Zorthian.

ABSENT: None

A quorum was established.

The Committee convened into a Closed Session.

A. CLOSED SESSION

- 1. Consideration of Confidential Medical Staff Credentialing Reports**
Kelly Bullard, MD, HGH, FMT, JGH Medical Staff
Joel Chiu, MD, Chief of Staff, San Leandro Hospital Medical Staff
Elpidio Magalong, MD, President, Alameda Hospital Medical Staff

2. Conference with Legal Counsel:
M. D. Moye, General Counsel
Significant Exposure to Litigation
[Government Code Section 54956.9]

The Committee reconvened into the Open Session.

B. ACTION: Consent Agenda

1. **Approval of the Minutes of the October 26, 2017 Quality Professional Services Committee Meeting.**
2. **Approval of Policies and Procedures**

Alameda Health System Policies

- Do Not Use List Abbreviations
- Medication: Formulary Development, Management and Maintenance
- Medications/Solutions: Labeling Standards
- Professional Liability Coverage

Clinical

- Standardized Procedure: Initiation and Titration of Medications for Type 2 Diabetes (Metformin, Glipizide, Liraglutide, Insulin Glargine, Detemir Insulin)

ACTION: A motion was made and seconded to approve Item One on the Consent Agenda as amended on pages five and seven. The motion passed.

AYES: Trustees Banerjee, Charland, DeVries, Hernandez, Jensen, Lawrence, and Zorthian.

NAYS: None

ABSTENTION: None

The Board requested that future Policies and Procedures Approval's include a breakdown by system polices and by facility.

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

AYES: Trustees Banerjee, Charland, DeVries, Hernandez, Jensen, Lawrence, and Zorthian.

NAYS: None

ABSTENTION: None

C. ACTION: Approval of AHS Medical Staff Amended Bylaws and Rules and Regulations

Approve the amended AHS Medical Staff Bylaws as approved by the Medical Executive Committee and active medical staff.

Ghassan Jamaledine MD, Chief Medical Officer

Dr. Bullard said the goal was to add the idea of continuous improvement as a core practice and reviewed the process Bylaws Committee undertook to get the amendments approved by the medical staff.

ACTION: A motion was made and seconded to approve the amended AHS Medical Staff Bylaws. The motion passed.

AYES: Trustees Banerjee, Charland, DeVries, Hernandez, Jensen, Lawrence, and Zorthian.

NAYS: None

ABSTENTION: None

D. REPORT/DISCUSSION: Medical Staff Reports

Kelly Bullard, MD HGH, FMT, JGH Medical Staff

Joel Chiu, MD, Chief of Staff, San Leandro Hospital Medical Staff

Elpidio Magalong, MD, President, Alameda Hospital Medical Staff

Dr. Bullard gave an update from the MEC meeting about a presentation on clinical standardization and excellence with an update on the status of wave one. She also reported on the plan for a system wide Pharmacy and Therapeutic (P&T) Committee and a formulary committee. She discussed revisions to the Clinical Practice Committee, which would be overhauled and would meet twice a month to update policies and procedures. After some discussion about the ongoing efforts to address physician wellbeing, the Board members asked what they could do to help prevent burn out. Dr. Bullard said to keep the conversation going.

Dr. Chiu said the San Leandro MEC had met the day before and talked about clinical standardization for excellence and they agreed to approve a system wide P&T Committee. They requested that the designated physician from San Leandro Hospital submit the final report to the MEC and that a local expert would have input in the EHR protocols. He said that committee meetings every two weeks were quite time consuming for a community based physician. He also shared concerns about the contract termination with CEP, the group currently providing physicians to the Emergency Department.

Dr. Magalong said their MEC met recently and shared similar concerns as San Leandro. They were concerned about the impact to the patients as a new group of physicians come in to staff the Emergency Department. He expressed the ongoing concern about lack of certain specialty services. They were updated with the plans for those services and for the primary care clinic. Clinical standardization updates for the various workgroups were presented. Their MEC decided to keep their local P&T, citing workflow and policy review concerns.

The Board had a discussion around the process of policy approval. Board members wanted a clearer understanding of what they were approving and what the process was. Dr. Zorthian suggested they table the discussion for another meeting, when there would be more time for full discussion.

E. REPORT/DISCUSSION: Update on Chronic Pain and Functional Restoration Clinic Redesign Project

Dr. Jordan Newmark, Chair of Anesthesiology and Interim Medical Director, Pain Clinic

Palav Babaria MD, Chief Administrative Officer – Ambulatory

Dr. Newmark, who has recently joined AHS as the Chair of the Anesthesia Dept. and is a specialist in pain management, discussed some of the challenges faced in running a pain clinic at Highland. He said that chronic pain was misunderstood and associated with opioids. He discussed the spectrum of pain patients and the need for a full-time employee to spearhead the efforts under the Anesthesia umbrella. He shared a flow chart of what the program could look like. He cautioned against getting mired down with the addiction piece, since it wasn't always the same, though there was often overlap.

Trustee Jensen asked if separating the addiction and pain centers would create challenges. Dr. Newmark said the goal was to get the patient functioning rather than to achieve a pain score and they

should be cautious about opioid treatment. For example, patients on end of life care may not have the same function goals, and would require a different conversation.

Trustee DeVries asked about the role of opioid alternates, such as cannabinoids. Dr. Newmark said they were a controversial treatment that should be approached with caution.

Trustee Banerjee asked about the needs assessment. Dr. Babaria said phase one involved talking with stake holders to determine their experiences with the Pain Clinic and that's been the road map for the redesigns.

F. REPORT/DISCUSSION: SBU Quality Metric Report

Ambulatory Quality and Safety Metrics

Ghassan Jamaledine MD, Chief Medical Officer

Palav Babaria MD, Chief Administrative Officer – Ambulatory

Dr. Babaria discussed the Ambulatory SBU report included in the packet. She reviewed an employee engagement project in the Adult Medicine Clinic at Highland, and answered questions about the True North Metrics on the Ambulatory dashboard. She said no show rates showed positive trends and they had a robust plan in place for additional improvement. She said they were undertaking a scheduling standardization project starting with standardized templates. She talked about burn-out and solutions such as team based care which would launch in January 2018.

G. REPORT/DISCUSSION: Ambulatory SBU Risk Management Report

Adrian Smith, Director, Risk Management

Adrian reviewed a Risk event dashboard for Ambulatory, fielded questions from the trustees who made suggestions for adjusting the format so it would be more understandable.

H. DISCUSSION: Planning Calendar/Issue Tracking--No report.

Barry Zorthian MD, Chair

I. REPORT: Legal Counsel's Report on Action Taken in Closed Session

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.

OPEN SESSION PUBLIC COMMENT (2nd opportunity) - None

TRUSTEE COMMENTS - None

Adjournment – 4:59PM

Respectfully submitted by:



Ronna Jojola Gonsalves
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by:  _____

M.D. Moye
General Counsel