



QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING
THURSDAY, FEBRUARY 22, 2018
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
Gary Charland
Maria Hernandez, *Interim Chair*
Tracy Jensen
Michele Lawrence

NON-VOTING MEMBERS

Joel Chiu, MD
H. Gene Hern, MD
Elpidio Magalong, MD

MINUTES

THE MEETING WAS CALLED TO ORDER AT 2:41pm

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT: Kinkini Banerjee, Taft Bhuket, Gary Charland (arrived at 2:50pm), Tracy Jensen, and Michele Lawrence

ABSENT: Maria Hernandez (excused)

A quorum was established.

Trustee Bhuket announced that Interim Chair Hernandez was unable to attend the meeting and called for a motion to install himself as Chair.

ACTION: A motion was made and seconded to approve the appointment of Trustee Taft Bhuket as Chair of the Quality Professional Services Committee. His appointment was made by the Board of Trustees President, Joe DeVries, at the January 25, 2018 meeting of the full Board. The motion passed.

AYES: Trustees Banerjee, Bhuket, Charland, Jensen, and Lawrence

NAYS: None

**** 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.**

ABSTENTION: None

A. CLOSED SESSION

1. Consideration of Confidential Medical Staff Credentialing Reports

*H. Gene Hern, MD, Chief of Staff, 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]*

(Reconvene to Open Session)

B. ACTION: Consent Agenda

1. Approval of the Minutes of the January 25, 2018 Quality Professional Services Committee Meeting.

2. Approval of Policies and Procedures

Alameda Health System Policies

- Cleaning Sterilization High-Level Disinfection and Storage of Patient Care Devices and Other Items. (System)
- Discharge Planning for Nutrition Services (System)
- Highland Hospital Rooming-In Policy
- Identifying Malnutrition in Adult Patients (System)
- Management of Pharmaceutical Waste
- MCH Postpartum Hemorrhage
- Medication: Drug Supply Chain Security Act (System)
- Medication: Security (System)
- Neuraxial Blockade and Anticoagulants
- NPO/Liquid Monitoring (System)
- Nutrition Assessment, Diagnosis, Intervention, Monitoring and Evaluation (Acute Care/NICU) (System)
- Patient Controlled Analgesia (PCA) (System)
- Review and Approval of Nutritional Care (System)
- Plan to Eliminate or Substantially Reduce Medication-Related Errors – 2017 Update (SB 1875)

Trustee Bhuket asked to have the author names included on the policies. He said the policies did not indicate which site CAO was responsible. It was agreed that they would list “Site CAO” going forward.

Trustee Banerjee asked how the Storage and Documentation component of the Vancomycin Pharmacy Dosing Protocol policy on page 59 would be affected by the CareFusion and Pyxis contracts the Board was scheduled to hear at their next meeting. Dr. Jamaledine indicated that the contracts account for compliance regulations and the policy would not require updating to accommodate the contracts.

Trustee Bhuket said he appreciated how the policy documents demonstrated the flow through the approval system. He said that the Patient Care Leadership Team was listed on some but not other policies. Ms. Richholt said that all policies that affect clinical care and nursing should go through the Patient Care Leadership Team, which consisted of the nurse leaders. Trustee Bhuket requested a consistent flow for these policies.

Trustee Jensen suggested that at a future meeting staff could present the policy flow for the Committee.

Trustee Banerjee said there was a new policy about Nutrition Assessment, Diagnosis, and Intervention that indicated that patients needed to be assessed during the initial visit. She wondered why there was a policy to assess patients. Ms. Richholt indicated it was referring to when the patient's status changed.

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

AYES: Trustees Banerjee, Bhuket, Charland, Jensen, and Lawrence

NAYS: None

ABSTENTION: None

C. REPORT/DISCUSSION: Medical Staff Reports

H. Gene Hern, MD, Chief of Staff, 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. Magalong reviewed the Alameda Hospital Medical Staff report starting on page 113 of the agenda packet.

Trustee Lawrence asked for more information regarding the challenges with outpatient appointments for discharged patients. Dr. Magalong said that when a patient was transferred from a hospital it was standard practice to contact their primary care physician. However, there was no discharge process that allowed for that follow up. Dr. Babaria had been invited to an upcoming MEC meeting to help address the issue. It was also pointed out that when Rubicon was established in the community hospitals the process would be smoother.

Dr. Jamaledine, answering a question from Trustee Charland, said that at the time of discharge Care Management and Social Services oversaw coordinating the appointments and assigning of primary care. He added that assigning primary care was only part of the issue, often patients didn't have contact information.

Trustee Jensen asked James Jackson, Chief Administrative Officer, to share information regarding the community Paramedic Program, in Alameda. Mr. Jackson said the pilot program identified those who might be recurring patients at the emergency room and intervened to help them improve their quality of life and use the ER less. The program was funded in a partnership between AHS, the City of Alameda, and Alameda County, with the hope of making it a permanent program. Trustee Jensen added that the patients who participated in the pilot were volunteer and had to agree to answer the phone or door when followed up with.

Trustee Bhuket asked for information on interfacility transfers. John Chapman, Chief Administrative Officer, said that staff managed interfacility transfers. They did not transfer to an outside institution. The plan was that they would expand in FY 19. He said there had been a three-fold increase in transfers to Highland.

Trustee Lawrence asked who in the organization was managing the transfers outside the system. Sheila Lyzwa, Vice President of Care Management, said that it varied, though the case manager and social worker oversaw the acute to acute transfers.

Dr. Hern reviewed the HGH, FMT, JGH Medical Staff report beginning on page 110 of the agenda packet.

Trustee Lawrence asked Dr. Hern what one item on his report would have or had the greatest impact. He said that system issues that involve overcrowding were dramatically helped by the nocturnist program. He also said the interventional endoscopy program would help as well, as each time they transferred a patient for this service, which they did between 100 and 200 ¹times a year, it was very expensive.

Dr. Chiu spoke regarding the San Leandro Hospital Medical Staff report that began on page 112 of the agenda packet.

Mr. Jackson noted that Dr. Chiu's report mentioned for 2017 there were 162 days where the census was above 33. The number of days above 54 was one. With the third floor shut down, there was 39 beds on the second floor and 9 in the ICU. He said there was be enough beds most days, but there would be days without sufficient med surge beds. They were developing a plan to transfer patients on those days to Highland or Alameda. Trustee Bhuket asked about the length of construction project. Mr. Jackson confirmed the construction would last 15 or 16 months.

Dr. Hern reviewed the presentation on page 95 of the agenda packet.

Trustee Bhuket asked to have the committee invited to the GME Quality Forum on May 23, 2018.

D. REPORT/DISCUSSION: SBU Quality Metric Report

Acute Quality and Safety Metrics

Ghassan Jamaledine MD, Chief Medical Officer

John Chapman, Chief Administrative Officer – Acute

James Jackson, Chief Administrative Officer – Acute

James Jackson, Chief Administrative Officer reviewed the presentation on page 116 on the agenda packet.

Trustee Lawrence referring to the Dashboard, on page 117, said there was twice as many projects not on track or ask risk as there were on projects on track. Mr. Jackson said that the year to date column demonstrated that four projects were delayed.

Kinzi Richholt, Chief Nurse Executive, at the request of Trustee Bhuket, explained that the Top Box Score was the number patients that gave a score of nine or ten on a zero to ten scale.

Trustee Banerjee asked if there was a correlation between the lower length of stay and higher 30-day readmission rate at San Leandro. Ms. Lyzwa said there was.

Trustee Lawrence asked if the readmission rate was higher in San Leandro and Ms. Lyzwa confirmed that it was.

Trustee Bhuket said they had never met expected length of stays at Highland where as San Leandro was the opposite which called into question whether the data was accurate or not.

¹ Dr. Hern said “dozens” but the information was corrected to be 100-200 by Dr. Bhuket when the minutes were approved on 3/22/18.

Trustee Lawrence asked if there was a relationship between the double occupancy rooms and the early discharge rate in San Leandro. Mr. Jackson said that there were times when patients wanted to leave because of their roommates. Dr. Jamaleddine said the basic question was if the discharge of care rate at San Leandro was safe.

Trustee Lawrence asked why they showed vascular data in San Leandro and not for other facilities. Dr. Jamaleddine said they were trying to provide that data in a meaningful way. Including that data was an attempt to demonstrate the variances. The CMI index which drove the observed data, was quite high.

Dr. Jamaleddine explained the Case Mix Index, on page 120 of the agenda packet, documented how sick the patients were, which had impact on expected length of stay and compensation.

Trustee Bhuket asked when the Transition Nurse was brought into the process. Ms. Lyzwa said there was a list of interventions that the case manager and social worker worked with. Trustee Bhuket asked about the readmit interviews. Ms. Lyzwa said they used the IHI template and the Midas data set.

Dr. Hussein discussed the presentation beginning on page 130 of the agenda packet.

Dr. Hussein, responding to questions from Trustee Lawrence, said that a fall risk patient had many visual cues as reminders that they were fall risks. However, prior to the Clinical Practice Committee's work, only 56% of the patients who were high risk adhered to the packet. As of the previous week they were at 100% adherence.

E. REPORT/DISCUSSION: Acute SBU Risk Management Report

Adrian Smith, Director, Risk Management

Mr. Smith reviewed the Risk Management Summary on page 7 of the closed session agenda packet. He said the overall reporting volumes were stable, and the median days to close was within the target of 10 days or less indicating that the department managers were doing a good job. Primary risks included medication events. He also said that there was an increase in patient relations event reporting, an increase in concern/complaint volume, and a decrease in grievance volumes.

Trustee Lawrence asked for an example of the types of complaints they might receive. Mr. Smith said that a lot of the complaints were from the ambulatory setting and the Acute SBU's discharge, or delays in answering calls. We do receive complaints about the professionalism of doctors and nurses.

Dr. Bhuket asked how Mr. Smith interpreted the increase in patient relations reporting. He said there was a higher level of engagement than before.

F. DISCUSSION: Planning Calendar/Issue Tracking

Maria Hernandez, Interim Chair

Dr. Hern announced the GME Quality Forum was on May 23 at noon.

Dr. Jamaleddine reviewed the slide on page 139 of the agenda packet.

G. 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.

PUBLIC COMMENT: None

TRUSTEE REMARKS: None

ADJOURNMENT: 4:55pm

This is to certify that the foregoing is a true and correct copy of the minutes of the regular meeting of February 22, 2018 as approved by the Quality Professional Services Committee on March 22, 2018:



Ronna Jojola Gonsalves
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: 

M.D. Moya
General Counsel