



**QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING**  
**THURSDAY, MARCH 22, 2018**  
**2:30PM – 5:00PM**

**Conference Center at Highland Care Pavilion**  
1411 East 31<sup>st</sup> 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, *Chair*  
Gary Charland  
Maria Hernandez  
Tracy Jensen  
Michele Trustee Lawrence

**NON-VOTING MEMBERS**

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

**MINUTES**

**THE MEETING WAS CALLED TO ORDER AT 2:40pm**

**ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT:** Kinkini Banerjee, Taft Bhuket, Maria Hernandez, Tracy Jensen (arrived 3:06PM), and Michele Lawrence

**ABSENT:** Gary Charland (arrived at 4:44PM)

A quorum was established.

**OPEN SESSION / ROLL CALL**

The Consent Agenda was heard prior to Closed Session.

*\*\* 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.*

**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 February 22, 2018 Quality Professional Services Committee Meeting**

**2. Approval of Policies and Procedures**

- Calorie Counts
- Credentialing and Privileging of Practitioners
- Enteral Nutrition Practice Guidelines
- FNS Patient and Family Education
- Initial Assessment and Prioritization (Acute Care)
- Intake Support
- Investigational/ Experimental Drugs
- Medication: Self Administration
- Medication: Storage
- Multidisciplinary Patient Care Plans
- Newborn Surrender
- Protocol for Coordinating Meals with Medical Therapies (HH only)

Trustee Bhuket reminded staff that the Committee has requested the individual policy owner names be applied to the policies. He recommended that staff adopt a standard nomenclature for the policies so they can be easily searched. He requested a future agenda item regarding the differences in roles and responsibilities of the Patient Care Leadership Team and Clinical Practice Council (CPC) and how that affected the flow of policies through the organization.

Based on questions from Trustee Lawrence, Dr. Tanvir Hussain, VP Quality, said that policies were flagged for review at either one or three-year intervals, depending on the type of the policy. The policy owner would then review and determine if updates were needed. There were 5900 policies so the CPC prioritized which policies would get reviewed.

**ACTION:** A motion was made and seconded to approve the Consent Agenda with the minutes revised as follows: On agenda packet page 6, in the second to last paragraph change “CEO” to “Site CAO”. On agenda packet page 8, in the third paragraph, change “dozens of” to “between 100 and 200”. The motion passed.

**AYES:** Trustees Trustee Bhuket, Jensen, and Trustee Lawrence

**NAYS:** None

**ABSTENTION:** None

### **END OF CONSENT AGENDA**

#### **C. REPORT/DISCUSSION: QPSC Chair**

*Taft Trustee Bhuket, MD, Chair*

Trustee Bhuket discussed Triple Aim, a set of criteria to achieve effectiveness implemented by the Institute for Health Improvement. The Triple Aim criteria are: 1) Patient experience (satisfaction), 2) population health, and 3) cost of care. A fourth criteria, clinician and staff satisfaction, has since been added, though controversially. Trustee Bhuket wanted to agendize conversations about how QPSC approached these criteria and progress was measured against them.

#### **D. 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. Hern discussed the Medical Executive Committee (MEC) Report beginning on page 62 of the agenda packet.

Trustee Lawrence asked how the MEC’s could have a collective voice on public health issues that might be political, such as sugar and gun violence. Dr. Hern said that from an organizational standpoint there wasn’t a venue for a more political voice. However, departments and individuals were working on such issues. He speculated that the MEC could have a more political arm.

Trustee Bhuket asked if Dr. Hern had any concerns, within his scope of accountability, with regards for the ability to execute safe and quality care. Dr. Hern said that his team was challenged by the budget crisis. The elimination of FTEs was an issue affecting the quality care. He said it wasn’t clear whether the metrics they were judged on could continue to be met. Dr. Hern added that it was critical to have clinical representation on both the Budget Oversight Committee and the FTE Committee.

Dr. Magalong discussed the MEC Report beginning on page 64 of the agenda packet.

Mike Moye, General Counsel, in response to questions from Trustee Lawrence, said that budgeting began with the Executive Leadership Team (ELT) establishing primary objectives for the upcoming year, which were established in part through a review of the previous year. The ELT and leaders from around the organization met to review the objectives recommended by

the ELT. They solicited feedback during breakout sessions and the final objectives were set based on that feedback. He added that the Trustees were invited to attend that offsite as well.

Trustee Hernandez said that the people who did the work had the best line of sight to identify wasteful or inefficient practices. She wanted to know how that was communicated. Dr. Hern said it was critical to have a clinician who the medical staff trusted to serve on the committee.

Dr. Magalong said that at Alameda Hospital the medical staff was concerned about where to give such feedback. The organizational structure at Alameda Hospital meant that physicians did not participate in the budget decisions. The Bylaws Committee was working to allow for regulatory standards and to improve governance structure.

Trustee Bhuket asked if they were doing enough to reach the Triple Aim goal and if the system was optimized to have the clinical input to achieve the three goals. Dr. Hern said they were pretty good, but not optimized as substantive clinician input at every level would be the ideal.

Trustee Banerjee said they organized dyads to allow management and clinical staff to work more closely together. She asked if that process was still in place and if it worked.

Dr. Rachel Baden, Chair of Medicine, said that she met with Doctors Jamaledine and Babaria regularly. She reviewed the budget relevant to her department with them and was scheduled to meet with John Chapman. She said that while the process was working well, it would be wise to establish a more formal process to involve the clinical level of the organization.

Dr. Sophie Shabel, Chair of OB/GYN also met with the same leaders regularly. She was aware of the budget process but only because she asked. There was not yet a formal process in her department though she said there would likely be one at some point.

**E. REPORT/DISCUSSION: SBU Quality Metric Report**

Ambulatory Strategic Business Unit  
*Ghassan Jamaledine MD, Chief Medical Officer*  
*Palav Babaria MD, Chief Administrative Officer*  
*Tanvir Hussain, MD, Vice President of Quality*

Dr. Babaria reviewed the presentation beginning on agenda packet page 66.

Trustee Bhuket asked why the Strategic Business Unit reports presented at QPSC never addressed the Workforce Pillar.

Dr. Babaria said the dashboards required a metric to track and while workforce was critical, she didn't have an ambulatory specific metric to track. She said that Holly Garcia was working on provider and staff engagement and experience. Hopefully as project plans were established they would determine workforce metrics to identify on the dashboard.

Mr. Moye said the system dashboard included data on the Workforce Pillar.

Trustee Hernandez asked if they were reminding patients that regularly scheduled checkups were important. Dr. Babaria said that they had registry reports to assist in active outreach.

Trustee Jensen asked how they tracked follow up for an acute appointment. Dr. Babaria said that if a patient didn't need specific follow up they were instructed on how they could contact the doctor if they developed concerns. If a follow up was required because of the treatment or the patients condition, they were added to a tickler file and contacted at the appropriate time.

Trustee Lawrence asked for examples of why clinics were canceled. Dr. Babaria and Dr. Baden said that vacations, providers calling in sick, the hierarchy of demands that reroutes providers, and vacancies all affected clinic staffing

Trustee Lawrence asked how patients were referred to specialty care. Dr. Babaria said there was no consistent process. Trustee Bhuket said there were community partners who weren't part of Alameda Health System (AHS), but AHS served as the primary specialty referral site. A couple of services allowed for e-consulting (in a pilot program) through Health Insurance Portability and Accountability Act (HIPAA) compliant emails.

Trustee Hernandez asked if a physician wanted to see the patient rather participate in an e-consult, would that be allowed. Dr. Babaria said it would not be a problem.

Dr. Bhuket asked if Dr. Babaria had any concerns, within her scope of accountability, with regards for the ability to execute safe and quality care. Dr. Babaria said that while there was opportunity for gains, large cuts always jeopardized the ability to provide care. It may be more prudent to do less better than to do everything poorly.

**F. DISCUSSION: Planning Calendar/Issue Tracking**

*Taft Trustee Bhuket, Chair*

Trustee Bhuket said the next QPSC meeting was on April 26, 2018. The next full Board meeting was on April 27 and 28, 2018. Dr. Hern invited board members to attend the Annual Resident Quality Forum on May 23, 2018 Conference Center at Highland Care Pavilion. He said the tracking report should include reports on the Transfer Center, policy education, and a peer review update. The chairs were also working on the medical staff retreat.

**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:** 4:54pm

This is to certify that the foregoing is a true and correct copy of the minutes of the regular meeting of March 22, 2018 as approved by the Finance Committee on April 26, 2018:

  
\_\_\_\_\_  
Ronna Jojola Gonsalves  
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by:   
\_\_\_\_\_  
M.D. Moye  
General Counsel