



QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING

THURSDAY, APRIL 26, 2018

2:30PM – 5:00PM

Alameda Hospital, Conference Room A
2070 Clinton Avenue, Alameda CA 94501

Ronna Jojola Gonsalves, Clerk of the Board
(510) 535-7515

LOCATION:

Open Session: Alameda Hospital, Conference Room A

COMMITTEE MEMBERS **

Kinkini Banerjee
Taft Bhuket, MD, *Chair*
Gary Charland (arrived at 3:14)
Maria Hernandez
Tracy Jensen (arrived late)
Michele Lawrence

NON-VOTING MEMBERS

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

MINUTES

THE MEETING WAS CALLED TO ORDER AT 2:37pm

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT: Kinkini Banerjee, Taft Bhuket, MD, Gary Charland, Maria Hernandez, Tracy Jensen, and Michele Lawrence

ABSENT:

A quorum was established.

OPEN SESSION / ROLL CALL

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

2. Approval of Policies and Procedures

- Compliance Exclusion Screening Review Policy
- Compliance Investigation Protocol
- Interactions Between Law Enforcement Personnel and Healthcare Providers
- Scope of Service – Eastmont Wellness
- Scope of Service – Hayward Wellness
- Scope of Service – Highland Ambulatory
- Scope of Service – Newark Wellness
- Sucrose Administration for Painful Procedures

Trustee Bhuket reminded staff that they should continue to standardize nomenclature for clarity.

Trustee Lawrence asked if the policies had gone through the appropriate committees. She noted that the approvals grid on the back of the policies listed only Alameda, AHS Core, and San Leandro. Mike Moye, General Counsel, said it was a formatting issue, the system wide policy she referenced went through the system level committees listed and the three medical executive committees.

Trustee Hernandez asked if management worked with the Oakland Police Department or Alameda County Sheriff Department when developing the “Interactions Between Law Enforcement Personnel and Healthcare Providers” policy. Mr. Moye said staff worked with the County Counsel, District Attorney, and the Alameda County Sheriff to review the need and purpose for a policy. The Oakland Police Department was given the materials to review. Ultimately, the California Hospital Association put together a webinar and recommended policy which the full team reviewed together. If the Trustees adopted the policy it would be sent out to the appropriate parties.

ACTION: A motion was made and seconded to approve the Consent Agenda, subject to amending the format of the approval grid on the policies prior to Board approval. The motion passed.

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

NAYS: None

ABSTENTION: None

END OF CONSENT AGENDA

C. REPORT/DISCUSSION: QPSC Chair

Taft Bhuket, MD, Chair

Discussion on the *New York Times* article, "In Hospitals, Board Rooms Are as Important as Operating Rooms."

The committee and staff discussed the article and the role the board can play to maintain a high focus on quality in the organization while maintaining fiduciary responsibilities.

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. Magalong reviewed the Alameda Hospital report on page 71 of the agenda packet. He cited ongoing concerns about the ED transition, including the transition to a new medical director who is expected to start on July 1, 2018, and the current lack of core emergency room physicians dedicated mainly to Alameda Hospital. Dr. Hern said that this also created a stress on the Highland Emergency Room doctors, who had to cover the emergency rooms at San Leandro and Alameda Hospitals and the credentialing staff was back logged as well.

Trustee Lawrence asked how decisions were made regarding integrating services through the system. Dr. Magalong said there was not a formal structure and it could be something for the medical staffs to work on. Trustee Lawrence said it would be good for the three Chiefs of Staff to discuss what the best way would be to foster communication and then make recommendations to help make the quality decisions more system wide.

Dr. Hern reviewed the Highland Hospital, John George Psychiatric Hospital, Fairmont Hospital, and Ambulatory Wellness report on page 69 of the agenda packet. Trustee Jensen said that it seemed that morale had decreased. Dr. Hern said the design of the system caused more patients to go toward ambulatory, and with a floor shut down at San Leandro, the medical staff has been challenged and it affected morale. He added that it was difficult to see how having FTE's cut would improve patient care.

Dr. Chiu reviewed the San Leandro Hospital report on page 70 of the agenda packet. He said that it would be helpful for the San Leandro Medical Staff to have a more permanent direction and goals and more permanence with the contracting groups.

E. REPORT/DISCUSSION: SBU Quality Metric Report

Post-Acute and Behavioral Health Quality and Safety Metrics

Ghassan Jamaledine MD, Chief Medical Officer

Tanvir Hussain, MD, Vice President of Quality

Dr. Karyn Tribble reviewed the presentation beginning on page 72 of the agenda packet.

Trustee Lawrence asked why tobacco use was a focus concern for quality above diet, exercise, homelessness, or other health indicators. Dr. Tribble said it was a system wide initiative.

Trustee Hernandez asked why the staff turnover data was not included on the dashboard on page 73 of the agenda packet. Dr. Tribble said an effort was underway to develop a method for consistently reporting that data across all Strategic Business Units.

Dr. Pius Omolewan discussed Inpatient Unit Falls beginning on page 75 of the agenda packet.

Trustee Bhuket asked what the national benchmark was for inpatient falls and why the data for Behavioral Health SBU was flat instead of improving. Dr. Tribble said there was a shift in falls data due to improved reporting. Dr. Jamaledine said there had been a decrease in falls since they started to give daily attention to this metrics with more detailed concurrent analysis. In the current state all falls are being reported including patient falling on the chair. Trustee Hernandez suggested they contextualize the reporting so the Trustees could understand how many falls resulted in injuries and how many were incidental.

Trustee Hernandez and Trustee Banerjee expressed concern about the assault data on page 77 of the agenda packet. Dr. Tribble said that the data was important but when taken in perspective it was improving. She felt there was some overreporting as events such as spitting and yelling were included in the data. They were working on improving the reporting process to allow them to report with clarity when assaults ended with injury.

Trustee Lawrence said the dashboards were misleading because they did not show results compared to other hospitals, or the types of incidents that took place. It created a situation where the Board and Administration work to fix something that they don't fully understand.

Dr. Tanuj Sidhartha discussed the inpatient average length of stay information beginning on page 80 of the agenda packet.

Trustee Lawrence said that if they were going solve the length of stay problem they would need to be able to determine the social characteristics of the patients who required the longer stays. Dr. Tribble said that length was stay was affected by placement issues and the severity of cases more than the social makeup of the patients.

Trustee Bhuket continued the Peer Review Redesign Update on page 84 of the agenda packet to the May 24, 2018 meeting.

F. DISCUSSION: Planning Calendar/Issue Tracking

Taft Bhuket, Chair

Trustee Bhuket noted the following items should be added to future agendas.

- Peer Review Redesign Update (Continued to April 26, 2018)
- Transfer Center
- Policy Flow

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: 5:22pm

This is to certify that the foregoing is a true and correct copy of the minutes of the regular meeting of April 26, 2018 as approved by the Quality Professional Services Committee on May 24, 2018:



Ronna Jojola Gonsalves
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: _____


M.D. Moye
General Counsel