



QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING
THURSDAY, MAY 24, 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, *Chair*
Gary Charland
Maria Hernandez
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 2:34PM

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

ABSENT: Maria Hernandez and Michele Lawrence

A quorum was established.

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

*** 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.*

2. Conference with Legal Counsel:

M. D. Moye, General Counsel

Significant Exposure to Litigation [Accreditation, Risk Management, Patient Safety]
[Government Code Section 54956.9]

B. ACTION: Consent Agenda

1. Approval of the Minutes of the April 26, 2018 Quality Professional Services Committee Meeting

Trustee Bhuket said that they had requested the Behavior Health Strategic Business Unit (SBU) falls metric across all committees and a report out on the assaults at John George.

Trustee Banerjee said there was a typo on page 7, instead of morale it says morals.

2. Approval of Policies and Procedures

- Credentialing and Privileging of HIV/AIDS Specialists (from 4/26/18 closed session)

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

AYES: Trustees Banerjee, Bhuket, Charland, and Jensen

NAYS: None

ABSTENTION: None

C. REPORT/DISCUSSION: QPSC Chair

Taft Bhuket, MD, Chair

Trustee Bhuket discussed the article on page 14 of the agenda packet.

The Trustees discussed how the fiduciary obligations would always be there but the committee needed to regularly review its framework to ensure they were focusing on quality not just on outcomes.

Trustee Bhuket suggested a regular agenda item to discuss continuous improvement of the committee. He wanted the standard playbook going forward to focus on principles, metrics, process, and strategy. He suggested each agenda item should use 25% of the time for presentations and 75% for dialogue. He also requested each item include an executive summary.

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 declined to present.

Dr. Chiu reviewed the report beginning on page 22 of the agenda packet.

Dr. Magalong reviewed the report beginning on page 24 of the agenda packet.

Trustee Jensen asked about the critical care operations at Alameda Hospital. Dr. Jamaledine said regarding pulmonary and critical care services, there was an eight-bed unit with an average daily census of 4 patients. The ICU was attended mostly by hospital services. A contract had been extended to the doctor, but he did not counter offer. Currently we are in the midst of negotiations and expecting to reach resolution within the next 48 hours. Dr. Jamaledine reassured Trustee Jensen and Dr. Magalong that there was no intention to leave Alameda Hospital without Pulmonary or Critical Care coverage. About the integration of surgical services, Dr. Jamaledine stated that he met with the two general surgeons and they had agreed to a transition plan and the contract had been extended.

Trustee Banerjee discussed the process and the disrespectful nature of waiting until the end of the contract cycle to negotiate. The process had to improve.

Dr. Jamaledine stated that he accepts the criticism and will do all he can to honor this request and do better next time.

Trustee Bhuket requested an update by June on critical care at Alameda Hospital.

E. REPORT/DISCUSSION: Emergency Department Transition Update

Barry Simon, MD, Chair, Emergency Medicine

Charlotte Wills, MD, Program Director, Emergency Medicine

Dr. Simon and Dr. Wills reviewed the presentation beginning on page 25 of the agenda packet.

Trustee Charland asked why, as detailed on page 27 of the agenda packet, some providers did not want to stay with AHS. Dr. Simon and Chiu said that staying with CEP maintained benefits, more site flexibility, and continued seniority.

Trustee Jensen asked why they didn't open Oakcare negotiations in 2017. Dr. Jamaledine said they had some communication issues, concerns about the residency program model, and electronic health records (EHR) project. Sound provided a comprehensive transition plan that was very promising, however during the negotiations there was a change in the cost and sharing of risk. Dr. Chiu said it would be better to start these negotiations earlier. Trustee Jensen suggested a quarterly list of contracts that would be due in the following six months. Trustee Bhuket agreed but suggested it may be better placed in a different committee or with the full Board.

F. REPORT/DISCUSSION: SBU Quality Metric Report

Acute Strategic Business Unit

Luis Fonseca, Chief Operating Officer

John Chapman, CAO – Acute SBU

Tanvir Hussain, MD, Vice President Quality

Adrian Smith, Director, Risk Management

Mr. Chapman reviewed the slides beginning on page 36 of the packet.

Trustee Bhuket asked what could be improved the most. Mr. Chapman said through-put was an opportunity and the drive to improvement in early discharges and the Emergency Department metrics.

Dr. Chui spoke to the need for medication reconciliation. He said there were potential errors and inefficiencies in discharging patients. Mr. Fonseca agreed and said it was a complex issue that they were working on.

G. DISCUSSION: Policy Approval Process and Peer Review Redesign Update

Ghassan Jamaledine MD, Chief Medical Officer

Dr. Jamaledine reviewed the presentation beginning on page 49 of the agenda packet.

Trustee Jensen asked how the process reflected trends. Dr. Jamaledine said there wasn't a trend that was problematic but they wanted to move the data to drive change and process improvement.

Trustee Charland asked if they used standard clinical pathways to create the CPC Approval Workflow on page 59 of the agenda packet. Dr. Jamaledine said they would have a dashboard once they were done. They were working on the clean-up process and working with the medical staff to ensure the local experts were assisting, though Dr. Chiu said that piece could be challenging. Dr. Bhuket asked if they could include the workflow in each packet going forward and Trustee Charland asked for a project metric as well.

H. DISCUSSION: Planning Calendar/Issue Tracking

Taft Bhuket, Chair

Trustee Bhuket said that the next meeting would be in June, and there was an August QPSC meeting, though no full Board meeting. He reiterated that they would like an update the critical care issues at Alameda Hospital before June 1, and the Transfer center at some point. Trustee Jensen reiterated her request regarding physician contracting terms.

I. REPORT: Accreditation, Risk Management, & Patient Safety Report (Written)

Tanvir Hussain, MD, Vice President Quality

Adrian Smith, Director, Risk Management

J. 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: 5:00pm

This is to certify that the foregoing is a true and correct copy of the minutes of the regular meeting of May 24, 2018 as approved by the Quality Professional Services Committee on June 28, 2018:



Ronna Jojola Gonsalves
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: 

M.D. Moye
General Counsel