



QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING

THURSDAY, June 28, 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, Maria Hernandez, and Michele Lawrence

ABSENT: Tracy Jensen

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]

Discussion of Matters Constituting Trade Secrets [Government Code Section 54962;
Health & Safety Code Section 101850(ae)(1)]

B. ACTION: Consent Agenda

1. Approval of the Minutes of the May 24, 2018 Quality Professional Services Committee Meeting

2. Approval of Policies and Procedures

System Wide

- Antimicrobial Stewardship Program
- Medication: Therapeutic Interchange
- Medication: Transdermal Fentanyl Patch Pharmacist Review
- PCP Assignment and Panel Size Policy: Primary Care – Adult Medicine and Pediatrics

San Leandro Hospital

- Assessment and Reassessment of Patients, Organizational Plan for
- Bronchoscopy
- Plan for the Provision of Patient Care
- Sedation, Moderate
- Thinning Patient Charts

Trustee Bhuket reminded Staff to attach the CPC approval workflow chart to all policy submissions to inform the Committee on how policies flowed. He also said the Patient Care Leadership Team was not included in the workflow and it should be added.

Trustee Bhuket said the title of the first San Leandro Hospital policy was awkward. He discussed with staff the efforts to move toward standard nomenclature.

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

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

NAYS: None

ABSTENTION: None

C. REPORT/DISCUSSION: QPSC Chair

Taft Bhuket, MD, Chair

Trustee Bhuket and the Committee, thanked Trustee Lawrence for her service.

Trustee Bhuket discussed the ongoing effort to create standards of work, principles, and processes such as creating an environment that fosters more dialogue and less monologue presentations. He worked with the Chiefs of Staff to create a standard narrative template.

Trustee Bhuket discussed the articles shared in recent weeks with the Committee. The Institute of Medicine created the dimensions of quality acronym, STEEEP: Safety, Timely, Efficient, Effective, Equitable, and Patient Centered.

1. Recommendations for Access, Quality, Experience, and Network FY 2018-2019 TNM Dashboard

*Ghassan Jamaledine MD, Chief Medical Officer
Tanvir Hussain, MD, Vice President of Quality*

Trustee Bhuket said that the full Board would have to approve the True North metrics for fiscal year 2018-2019. He proposed inter-committee work prior to the next meeting to review the recommendations on page 115 of the agenda packet. He said he'd like to dedicate 30-45 minutes at the next Committee meeting for review.

Trustee Lawrence reminded the Committee that the organization needed to be structured to back up these metrics.

Trustee Charland said there were some measures, such as the no show rate and third next available that he did not want to see removed.

D. REPORT/DISCUSSION: Healthcare for the Homeless Commission Update

David Modersbach, Project Director, Alameda County Healthcare for the Homeless Commission

Mike Moye, General Counsel, spoke regarding the presentation beginning on page 117 of the agenda packet. The representative who was going to speak to the presentation was not able to attend. Last year the Board of Trustees and Board of Supervisors established a joint board to oversee healthcare for the homeless program and established the Joint Collaborative Board. This new Board had not had an opportunity to report out to the Board of Trustees yet.

Mr. Moye suggested that the Committee should decide how often they wanted an update.

The Committee agreed that the QPSC was the right forum to have the discussion but that the reports should go to the full Board.

E. 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. Chiu spoke regarding the report on page 126 of the agenda packet.

Dr. Magalong spoke regarding the report on page 127 of the agenda packet.

Dr. Hern spoke regarding the report on page 125 of the agenda packet.

Trustee Lawrence asked if the lean process would help the surge process in regards to the Bed Czar position that Dr. Hern had spoken about. Dr. Hern said it could, but he thought that a fresh perspective of a new employee or consultant would be beneficial. Dr. Jamaledine said that Epic had a bed tracking component that would help staff problem solve around the issues.

Trustee Hernandez asked how knowledge was captured in a way that accounted for turnover and the abundance of policies the organization had. Dr. Tanvir Hussain, Vice President of Quality, spoke regarding the simulation lab that recently opened and how there was no real way to capture knowledge in a policy, and the sim center allowed an opportunity to work through that.

F. 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 discussed the presentation beginning on page 133 of the agenda packet.

Trustee Bhuket requested that Dr. Babaria develop a list of metrics she would prefer to track on the dashboards. The Committee discussed their opinions on what could be included on the dashboards.

Trustee Charland asked if there was a way to measure the handling of the urgent referrals. Dr. Babaria said it varied per service line. She discussed the e consult systems they were exploring to improve the process.

G. DISCUSSION: Planning Calendar/Issue Tracking

Taft Bhuket, Chair

H. 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: 4:59pm

This is to certify that the foregoing is a true and correct copy of the minutes of the regular meeting of June 28, 2018 as approved by the Quality Professional Services Committee on July 26, 2018:



Ronnia Jojola Gonsalves
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: _____
M.D. Moye
General Counsel

