



QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING

THURSDAY, AUGUST 23, 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

NON-VOTING MEMBERS

Joel Chiu, MD

H. Gene Hern, MD

Elpidio Magalong, MD

MINUTES

THE MEETING WAS CALLED TO ORDER AT 2:32PM

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT: Kinkini Banerjee, Taft Bhuket, MD, Gary Charland, Maria Hernandez, and Tracy Jensen (arrived 3:35PM)

ABSENT: None

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)]

(Reconvene to Open Session)

B. ACTION: Consent Agenda

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

Trustee Bhuket said there was a typo on page four of the minutes (agenda packet page 11). It should read “President” of the Medical Staff not “Resident”.

2. Approval of Policies and Procedures

Alameda Hospital

- Physician Notification of Incomplete and Delinquent Records/Suspension Processing

Dr. Bhuket asked how the Incomplete and Delinquent Records policy being proposed for Alameda Hospital differs from the policies at the other hospitals in the system. Dr. Magalong said that Alameda Hospital had a different workflow and communication methods for notifying physicians with the delinquency reports the proposed policy aligned Alameda Hospital with the other system facilities.

Trustee Banerjee asked about the implementation of the new policy. Dr. Magalong said the timelines affecting privilege suspension were already the same across the system, this policy just affected the process for notification.

Dr. Bhuket reminded staff to add the Flow Chart for the policies with each packet.

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

AYES: Trustees Banerjee, Bhuket, Charland, and Hernandez

NAYS: None

ABSTENTION: None

C. REPORT/DISCUSSION: QPSC Chair

Taft Bhuket, MD, Chair

Dr. Jamaledine introduced Dr. Felicia Tornabene the new Associate Chief Medical Officer. Previously there had been three Associate Chief Medical Officers, now there was only one, Dr. Tornabene, who would be involved operations in all three hospitals and will work with Dr. Jamaledine with the three medical staffs.

1. Article Discussion: “The New Consensus Favoring IOMs Definition of Quality”

Trustee Bhuket said the article was a companion to the STEEEP information they had been discussing. Trustee Hernandez said she was surprised that the article had been written so long ago. She thought it would be a good foundational template for the organization to adopt. Trustee Banerjee agreed that the article was still very relevant. She said conversations around the idea of what quality meant for different people were meaningful. Trustee Bhuket read a several sections of the article that he thought aligned particularly well with STEEEP. He commented that Alameda Health System (AHS) had just started their journey toward the ideals discussed, even though the article was written in 2004.

Trustee Hernandez added that they needed to look at more modern applications that push micro learning lessons out to staff. AHS needed to catch up to how other organizations managed the learning process. And, there was an urgency to address the patient satisfaction issues. Dr. Jamaledine agreed and added that they had been having that conversation internally. Epic would bring some advancement to the process.

Trustee Banerjee agreed that there was a need to focus on continued education. She asked of there were still Lunch and Learn sessions. Dr. Hern said those sessions were still part of the process that included grand rounds.

Dr. Jamaledine, Trustee Bhuket, and Trustee Charland agreed that STEEEP needed to be woven into the True North Metrics, the current training programs, and into the culture to facilitate change.

2. Forecasting Our Year in QPSC

Trustee Bhuket said he hoped to have the years forecasted calendar for 2019 at the next meeting. He asked if the Committee and staff thought the Quality and Safety reports should be less frequent. The Committee agreed, at Dr. Jamaledine's suggestion, to table the question for when more of the risk team would be available

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. Chiu said he didn't provide a written report. He said the chair contracts were in place, but the chair did not get reimbursed for the work done Jan through June 18. He spoke regarding the Emergency Department (ED) score card. The average volume had been lower than normal for the current month. The ED arrival to departure time was about seven hours, which was a 15-minute decrease over prior. The benchmark was about four hours and forty minutes. He reviewed the amount of time between the decision to release a patient and the actual release, stating it was getting closer but also not at the benchmark yet. He spoke regarding the expected Joint Commission Visit and best practices for what to do and not to do.

Trustee Banerjee asked how the construction was affecting the hospital. Dr. Chui said it hadn't been much of an impact as their census had not been overwhelming. He said the noise and disruption to patient care was minimal.

Dr. Magalong spoke regarding the surgical residence rotation at Alameda Hospital and how he was looking forward to a formal discussion of the process and policies that would need to be established. He also said that, regarding systemizing safety and quality within the system, he'd like to have Alameda Hospital physicians and nurses participate as well.

Dr. Hern noted that the Medical Executive Committee (MEC) had an extensive discussion of throughput issues. There has been a confluence of factors impacting patients. The census had been very high. The ED census had dropped, but the length of stay was up, so the total occupancy was higher. He said discharges and placement issues were creating a shortage of beds.

Dr. Jamaledine said July was busy throughout the entire East Bay area. He said the metrics around difficult to place patients indicated the issue had improved in the last two years. The issue was being tracked and processes were being built by the Ms. Lyzwa, Vice President of Social Services and Care Management. For example, they contracted for beds for patients who were kept in the hospital just for intravenous antibiotics and who couldn't go to shelters or Skilled Nursing Facilities (SNFs).

Dr. Hern continued his report. He spoke regarding the Leadership Academy. He said the Wellness Counselor was in place for members of the medical staff. They had their first wellness grand rounds recently with a focus on mindfulness and self-care. The MEC retreat would be on the 13th of October. He also spoke regarding the importance of mass incident preparation.

Trustee Hernandez said she was interested in the surge of patients in the region. The current climate meant many people in the county might not seek care due to their vulnerable positions. This created delay, and by the time they did go to the ED, they were more serious cases. She addressed the need for a plan around that problem.

E. REPORT/DISCUSSION: SBU Quality Metric Report
Acute Strategic Business Unit

Luis Fonseca, Chief Operating Officer

Ghassan Jamaledine, MD, Chief Medical Officer

Trustee Bhuket asked why the case mix index was rising. Dr. Jamaledine said they were seeing sicker patients and they had worked to have better documentation which is an ongoing project. Trustee Charland asked what the clinical documentation project was. Dr. Jamaledine said there was a contractor who audited the Medicare charts and gave reviews to the physicians who documented and corrected accordingly. He said it was an ongoing process to better capture and record the diagnosis.

Trustee Hernandez asked if they were aware of the frequent user population in the ED and how those patients impacted the scores. Dr. Jamaledine said some of the patient population at Highland did not have access to regular care and would sometimes use the ED for their primary care. Mr. Fonseca added that while they did have high utilization patients, they had been working on managing that component of the population. He discussed Complex Care Management, Alameda Care Connect, and Health Home. It was important to deal with the social needs as much as the health needs.

Trustee Banerjee discussed the Census Management Plan (CMP). Mr. Fonseca said the CMP was a living process assessed on every shift. He clarified that it was not a single number that activated the plan, it was a number of different factors that determined activation including patient acuity and staffing concerns.

Trustee Jensen asked about the extended stay concerns. Trustee Charland asked if it was an issue of not having enough SNF beds. Dr. Jamaledine, Mr. Fonseca, and Dr. Baden discussed the issue. They agreed that there was an issue with a certain number of patients occupying beds after they had been deemed medically stable enough to discharge. Part of the issue was there were not enough SNF beds. There were also social issues that could affect the ability to discharge a person, if they had no home to go to, for example. They clarified that discharge papers were not written until the patient had a verified plan for care and safety after release. The SNFs were currently at 99.3% occupancy, meaning they were full. The Care Management Team had made strides in connecting with other resources. Dr. Jamaledine said they would bring back information regarding the extended stay issues. Trustee Charland said the SNF shortage was going to get worse, this was the time to start looking at the solutions such as Board and Care. Trustee Bhuket said that the problem was complex, and that afterload reduction would be a useful approach. Mr. Fonseca said they had 13 current projects or focus areas out of a list of 30. The Steering Committee focused on narrowing that list of opportunities and will take specific action. They agreed that the needed accountability, strong partnerships, and improved tracking.

F. DISCUSSION: Planning Calendar/Issue Tracking

Taft Bhuket, Chair

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 and temporary privileges as 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 August 23, 2018 as approved by the Quality Professional Services Committee on September 27, 2018:



Ronna Jojola Gonsalves
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: 

M.D. Moye
General Counsel