



QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING

THURSDAY, SEPTEMBER 27, 2018

2:30PM – 5:00PM

EDUCATION CENTER AT SAN LEANDRO HOSPITAL

13855 E 14th St, San Leandro, CA 94578

Ronna Jojola Gonsalves, Clerk of the Board

(510) 535-7515

LOCATION:

Open Session: Education Center at San Leandro Hospital

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

QUALITY PROFESSIONAL SERVICES COMMITTEE SPECIAL MEETING MINUTES

THE MEETING WAS CALLED TO ORDER AT 2:39PM.

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT: Kinkini Banerjee, Taft Bhuket, MD, Gary Charland (arrived at 3:05pm), and Tracy Jensen

ABSENT: Maria Hernandez (Excused)

A quorum was established.

Closed Session Opened at: 2:40PM

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)]

Closed Session Ended at: 3:11PM

(Reconvene to Open Session)

B. ACTION: Consent Agenda

1. Approval of the Minutes of the August 23, 2018 Quality Professional Services Committee Meeting

2. Approval of Policies and Procedures

- Medication Aerosolized Epoprostenol
- Pre-Authorization for Out of Network Outpatient Services
- Standardized Procedure-treatment of LTBI in Pulmonary Clinic

Trustee Bhuket said the summary document should clarify which facility the policy applied to. Dr. Tanvir Hussain, Vice President, Quality, clarified that the goal was to streamline the process and review them as a system to prevent conflicting policies. Trustee Bhuket agreed.

Trustee Bhuket said that the Latent TB Infection Policy was for Ambulatory Wellness. He said it looked like it was not approved at the Alameda Medical Executive Committee. Dr. Magalong said the primary care clinic at Alameda Hospital was not under the purview of Alameda Hospital.

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

1. Article: Association Between Physician Burnout and Patient Safety, Professionalism, and Patient Satisfaction: A Systematic Review and Meta-Analysis (JAMA Internal Medicine)

Trustee Bhuket reviewed the abstract on page 59 of the agenda packet.

Dr. Felicia Tornabene, the Assistant Chief Medical Officer discussed the association between burnout and low professionalism of residents and early career physicians. There was an impressive list of tasks the organization was focused on to address the issue.

Dr. Rachel Baden, Chair of Medicine at Highland, said it was in issue that health care providers faced everywhere. The recent approval for a psychologist to support the medical staff and residents was helpful.

Dr. Hern said that over one third of the visits to the new psychologist were attending faculty level. Wellness was a need across the spectrum of providers. He said the program had been a tremendous success from the beginning. About one third of the program was funded by the medical staff of Alameda Health System (AHS) core, Alameda Hospital and San Leandro Hospital which allowed non-employees to access the resources, one third was funded by the Chief Medical Officer's budget, and one third from Alameda Health Partners (AHP).

Trustee Banerjee said that a half time position seemed inadequate for a system the size of AHS. She hoped they would continue to make the program sustainable. She asked about the correlation between the wellness program and errors. Dr. Hern said when errors resulting from physician wellness issues were due to the individual, the institution's practice efficiency, and the culture of wellness in the institution.

Trustee Bhuket asked for a formal report regarding physician wellness that included the wellness officer to be presented to the Committee by early 2019.

2. New Standard Work: QPSC Reports Calendar

Trustee Bhuket said the item was added in concert with Dr. Jamaledine, the two of them would manage the calendar going forward.

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 report beginning on agenda packet page 77.

Trustee Bhuket asked about patient transfers from Highland Hospital to Alameda Hospital. Dr. Magalong said they were looking for opportunities to assess safety with the transfers. They would like a dialogue at higher levels of the organization to address the issue. Dr. Jamaledine said his team were working on actively reporting on transfers.

Trustee Jensen asked how the switch to UCSF surgeons impacted the surgery department at Alameda Hospital. Dr. Magalong said the services that were provided by the previous surgeons were the same as will be provided by UCSF. Trustee Jensen said an Alameda Hospital nurse asked why all surgical cases were going to Highland. Dr. Jamaledine said that in general advance care cases were transferred, but he wasn't aware of the concern. Procedures that used to go Sutter would be done at Alameda Hospital.

Dr. Chiu reviewed the report beginning on agenda packet page 76.

Trustee Banerjee asked about the second bullet under Item B on agenda packet page 76. Dr. Chiu said that in the past they were able to complete about 80% of the radiology procedures onsite. He said that recently, it seemed like a Radiology group policy to not complete the procedures at San Leandro. Dr. Jamaledine said the Radiology Chair was trying to accommodate as many patients as possible. He said they had to consider patient centered care as well as the confidence of the staff to perform the procedures.

Dr. Hern reviewed the report beginning on agenda packet page 74.

Trustee Bhuket asked who determined the number beds in the surge process. Dr. Hern said John Chapman did originally, but the number should be flexible based on the number of staff. A brief discussion took place among the Trustees and several physicians regarding the importance of accurately tracking this data.

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

Kathryn Horner, VP of Ambulatory, discussed the report beginning on page 113 of the agenda packet. She shared the presentation available here:

<http://www.alamedahealthsystem.org/meeting-agendas-and-minutes/>

Trustee Bhuket asked about the term "Lead Time" or "Total Time". Ms. Horner said the Total Time was from patient check in to discharge. She said it was important to make it as short as possible while remaining clinically appropriate. Trustee Bhuket said it was important for the public to see how long it will take them to get into and out of a clinic and he didn't think the term "Lead Time" did that. Ms. Horner said she'd bring it back to her group to review.

Trustee Bhuket asked for the slides to be included in the packet along with the narrative. He asked about the e-consult update

Ms. Horner answered a question from Trustee Bhuket stating that based on the Rubicon (E-Consult program) build delays, feedback from colleagues in San Francisco, and the pending Epic build, they believed they could build a functionally similar program into Epic and bring many benefits to the process such as full integration. Mr. Finley said there were some distinctions between the two programs, but they were confident this would serve the primary purposes. They would continue to partner with Community Health Care Network (CHCN) to do the current e-consults. Dr. Baden said they could add some specialties to the current e-consult services between now and when the full roll out with Epic took place.

Trustee Bhuket requested the full organization chart be included in the packet going forward.

Trustee Bhuket said that there were 13 approved TNM metrics. The challenge of the presentation format was they didn't see all the metrics holistically. He said the dashboard offered more a global view, but they would continue working on it.

F. REPORT/DISCUSSION: Patient Safety and Regulatory Affairs

Darshan Grewal, Director of Patient Safety
Adrian Smith, Director of Regulatory Affairs

Ms. Grewal and Mr. Smith reviewed the report beginning on agenda packet page 118.

Dr. Hussain said they were revamping the back-end trending of data to further enhance the transparency, so they could better determine the issues affecting patients.

Trustee Bhuket said that many employees had raised concerns about safety issues related to understaffing. He asked the safety committee if they could answer to the truthfulness of the concerns. Dr. Hussain said that the challenge was to address complex situations with many perspectives. One important principle was to have reluctance to simplify the complex. The patient safety team reviewed every safety alert across the system. On average there were 600 alerts each month. They had to be careful to not create a culture of silence that would result in the quantity of reports dropping, so far, the reports have remained at a consistent level. They also looked at what percentage of the reported alerts were "E" or greater, meaning the harm has reached the patient even temporarily. On average that was about 5-6% and has decreased over the last year. There has been no rise in sentinel events. The patient safety index has been trending down each month. And, the AHS rates have exceeded the national benchmark over the last quarter. Trustee Bhuket asked if they were able to answer specifically how staffing affected patient safety. Dr. Hussain said the question was not the number of people on shift, it was the quality of the work, which was closely monitored. Ms. Grewal said as they reviewed the sentinel events they have no connection between the under-staffing levels and patient safety. Trustee Jensen asked if they were looking down stream as well, at Environmental Services (EVS) for example, to see how that impacted patient safety. Dr. Hussain said a key indicator was C Diff rates, which had been improving, suggesting EVS was doing an appropriate job of cleaning rooms.

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 and temporary privileges as recommended by the medical staffs.

PUBLIC COMMENT: None

TRUSTEE REMARKS: None

ADJOURNMENT: 5:02

This is to certify that the foregoing is a true and correct copy of the minutes of the regular meeting of September 27, 2018 as approved by the Quality Professional Services Committee on October 25, 2018:



Ronna Jojola Gonsalves
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: _____



M.D. Moye
General Counsel