



QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING

THURSDAY, October 25, 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

QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING MINUTES

THE MEETING WAS CALLED TO ORDER AT 2:33PM.

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

ABSENT: None

A quorum was established.

Closed Session Opened at: 2:33PM

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 at 3:15PM)

B. ACTION: Consent Agenda

1. Approval of the Minutes of the September 27, 2018 Quality Professional Services Committee Meeting

2. Approval of Policies and Procedures

- Controlled Substance Drug Diversion Investigation and Reporting
- Infusion Pump Library
- Radio Pharmaceuticals Linen Handling and Waste Policy
- Radio Pharmaceuticals: Procurement, Receiving, Storage, and Security]
- Radio Pharmaceuticals: Radioactive Kit Preparation
- Radio Pharmaceuticals: Safe Handling
- Radio Pharmaceuticals: Use, Administration, and Monitoring
- Radio Pharmaceuticals: Waste Disposal
- Safe Patient Handling
- System Medication Administration Policy
- CAUTI Prevention SYSTEM
- Patients Own Medication SYSTEM
- Organ and Tissue Donation After Death SYSTEM
- Brain Death Policy SYSTEM
- Clostridium Difficile Prevention Bundle SYSTEM
- Procedural Sedation HIGHLAND HOSPITAL AND CLINICS
- Scope of Service-Mammography

ACTION: A motion was made and seconded to approve the Consent Agenda as amended to remove the following policies from agenda item B2: System Medication Administration Policy, CAUTI Prevention SYSTEM, Organ and Tissue Donation After Death SYSTEM, Brain Death Policy SYSTEM and remove the word “expensive” from the Patients Own Medication SYSTEM policy under item 3a. The motion passed.

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

NAYS: None

ABSTENTION: None

C. REPORT/DISCUSSION: QPSC Chair

Taft Bhuket, MD, Chair

1. Could A Patient Voice Help Advance the Work of the QPSC? : A Review of the CMS’ Partnership for Patients (PfP) initiative and the concept of person and family engagement (PFE). Attached Documents.

Trustee Bhuket discussed the article with a focus on the topic of patient representative on the Board of Trustees.

Trustee Hernandez discussed the need for a regular user of the system to represent patient perspective for the Board.

Trustee Banerjee said it wasn’t built in, but it would be helpful to have at least an advisory group report to the Board of Trustees.

Trustee Jensen said they have the HFH Board that includes patients. Also, they had the patient that often attends Board meetings. Richard Espinoza, CAO Post-Acute, said that all post-acute sites had monthly resident council meetings to inform the teams of concerns and create action plans. Dr. Rachel Baden added that there were three patient councils already in operation in the K6 Clinic. Trustee Jensen asked if that model could be instituted in other areas of the organization.

Trustee Charland suggested simply having a representative of an existing patient council provide a report to the Board.

Trustee Bhuket asked Dr. Jamaledine to provide an outline of the current state of patient representation in the different advisory councils at AHS.

D. REPORT/DISCUSSION: Medical Staff Reports (Estimated 40 minutes)

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 spoke regarding the Alameda Hospital Medical Staff report available on page 137 of the agenda packet.

Trustee Jensen requested a future presentation on how the Transfer Center worked.

Dr. Chiu spoke regarding the San Leandro Hospital Medical Staff report available on page 136 of the agenda packet.

Dr. Chiu discussed a lack of AHS support of a new community surgeon. Dr. Jamaledine said the position had not been approved by AHS and stated that there may be some conflicts of interest with the surgeon. Dr. Magalong stated that each medical staff was able to independently credential physicians. Mr. Finley agreed but added that AHS needed to protect the needs of the organization in respect to physician contracting.

Dr. Hern spoke regarding the Highland Hospital, Fairmont Hospital, and John George Hospital Medical Staff report available on page 134 of the agenda packet.

E. REPORT/DISCUSSION: SBU Quality Metric Report (Estimated 25 minutes)

Post-Acute and Behavioral Health Quality and Safety Metrics

Ghassan Jamaledine MD, Chief Medical Officer

Richard Espinoza, Chief Administrative Officer, Post-Acute Care

Dr. Karyn Tribble, Chief Administrative Officer, Behavioral Health

Mr. Espinoza discussed the Post-Acute report on page 152 of the agenda packet. He noted there was typo on page 153 where the report indicated a five-year CARF accreditation when it was a three-year accreditation.

Trustee Bhuket asked what the biggest challenges were and if he felt he had the resources needed to manage them. Mr. Espinoza said they were bringing a lot of post-acute expertise to the Fairmont campus which was creating some challenging cultural changes. There was challenge standardizing the facility to meet regulatory changes as well. He did feel the process was well supported by AHS.

Dr. Tribble discussed the Behavioral Health report on page 152 of the agenda packet.

Trustee Bhuket asked what the biggest challenges were and if she felt he had the resources needed to manage them. Dr. Tribble said the two biggest challenges were the crisis of 5150 patients and outpatient concerns.

Trustee Jensen asked if she felt she had the resources to address the 5150 concerns system wide, particularly through the Emergency Department. Dr. Tribble said it was a challenge. They have addressed workflow issues, which have been helpful. But there was still work to do with the growing needs.

Trustee Banerjee asked about the about the functionality of discharged patients. Dr. Tribble said the Occupational Therapy department was very skilled and detailed in their assistance with discharged patients.

- F. **REPORT/DISCUSSION: Patient Safety and Regulatory Affairs** (Estimated 10 minutes)
Tanvir Hussain, MD, Vice President of Quality
Darshan Grewal, Director of Patient Safety

Trustee Bhuket said there was a robust conversation in Closed Session. Trustee Jensen reiterated the need to work with patients to allow them to have a voice.

- G. **REPORT: True North Metric Dashboard Review** (Written Report)
Tanvir Hussain, MD, Vice President of Quality

- H. **DISCUSSION: Planning Calendar/Issue Tracking** (Estimated 4 minutes)
Taft Bhuket, Chair

- I. **REPORT: Legal Counsel's Report on Action Taken in Closed Session** (Estimated 1 minute)
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 October 25, 2018 as approved by the Quality Professional Services Committee on November 29, 2018:



Bonna Jojola Gonsalves
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: _____



M.D. Moye
General Counsel