



## QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING

THURSDAY, November 29, 2018

2:30PM – 5:00PM

Conference Center at Highland Care Pavilion

1411 East 31<sup>st</sup> 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 2:39PM.

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT: Kinkini Banerjee (arrived at 2:40pm), Taft Bhuket, MD, Gary Charland, Maria Hernandez, and Tracy Jensen (arrived at 2:40pm)

ABSENT: None

A quorum was established.

### A. CLOSED SESSION (Estimated 30 minutes)

#### 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 (Estimated 10 minutes)**

1. **Approval of the Minutes of the October 25, 2018 Quality Professional Services Committee Meeting**
2. **Recommendation to the Board of Trustees to Approve the Alameda Hospital Medical Staff Bylaws and Medical Staff Rules and Regulations.**

Trustee Bhuket said that on page 97, article 9.4, “Medical Staff Representative to the Board” had not been agendaized as an action item, nor had it been discussed, as such it could not be voted on. The General Counsel agreed.

Trustee Hernandez thought that might be a good topic for a Board Retreat.

**ACTION:** A motion was made and seconded to approve the Consent Agenda as amended to remove item 9.4 Medical Staff Representative to the Board from item B2. The motion passed.

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

**NAYS:** None

**ABSTENTION:** None

**C. REPORT/DISCUSSION: QPSC Chair (Estimated 10 minutes)**

*Taft Bhuket, MD, Chair*

1. Article: “Understanding Why Patients Of Low Socioeconomic Status Prefer Hospitals Over Ambulatory Care.”

Trustee Bhuket discussed the article on page 154 of the agenda packet. The Committee Members discussed the perception of care and having to wait for care.

Trustee Peterson asked if having urgent care in close proximity to an emergency room had any bearing on determining the preference. Dr. Jamaledine said urgent care had benefits, but complex care and certain socioeconomic groups tend to drift back to hospital care.

Trustee Hernandez asked about an advanced version of health leads to take the physician out of the case manager role. Dr. Jamaledine said they have this process in place in Behavioral Health and Acute Care.

**D. REPORT/DISCUSSION: Medical Staff Reports (Estimated 45 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 reviewed the report beginning on page 166 of the agenda packet. He said that he hoped that after his tenure the organization would continue to support community physicians as they move toward integrated systems. He introduced the next Chief of Staff, Dr. Marzouk.

Dr. Hern reviewed the report beginning on page 162 of the agenda packet. He spoke regarding the leadership experience AHS has offered its medical professionals. He introduced Dr. Bullard as the next Chief of Staff.

Dr. Chiu spoke regarding the report beginning on page 163 of the agenda packet.

The Committee considered the San Leandro Medical Staff Bylaws proposed changes on page 164 of the agenda packet. However, the revisions were not agendaized as an action item so they could not recommend approval to the full Board. The Committee requested the revisions be added to the January QPSC and BOT meetings for approval.

**E. REPORT/DISCUSSION: SBU Quality Metric Report (Estimated 20 minutes)**

*Acute Care Quality and Safety Metrics*  
*Luis Fonseca, Chief Operating Officer*

Teresa Cooper, RN, BSN, VP Patient Care Services HGH and Lori Foidl, RN, MCHCA, VP Patient Care Services discussed the report beginning on agenda packet page 167.

Trustee Bhuket noted that San Leandro Hospital had zero Hospital Acquired Infections in Q2. Highland and Alameda Hospitals were also moving the right directions on these metrics.

**F. REPORT/DISCUSSION: Update: Standardizing Clinic Order Sets in S\*A\*P\*P\*H\*I\*R\*E\* (Estimated 15 minutes)**

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

Dr. Jamaledine discussed the policy flow document available here:  
<http://www.alamedahealthsystem.org/2019-meeting-agendas-and-minutes/>

Dr. Jamaledine discussed the approval process for getting order sets through the three MECs and into S\*A\*P\*P\*H\*I\*R\*E\*. He said that the Medical Staff and the Chiefs of Staff have been asked to ensure the clinical experts are consulted, but they were going to face situations where the MEC's disagree on the order set. Dr. Jamaledine and Trustee Bhuket had discussed how to resolve these disagreements in a way that would not affect the S\*A\*P\*P\*H\*I\*R\*E\* go live date. He said they would ask the Board for help if they had major disagreements.

Mr. Moyer said order sets were no different than policies. The Medical Staff was required to approve order sets the way policies were approved. There was a unique situation here in that there were three medical staffs to work with. As Dr. Jamaledine pointed out it is critical to have each medical staff weigh in, but their medical staff must approve that order set before it can be used at that facility. There may be times when the Board will be asked to approve an order set that was not approved by an MEC with the idea that we want to include it in S\*A\*P\*P\*H\*I\*R\*E\* and use it in the facilities where it had been approved.

Dr. Magalong said the Alameda Medical Staff wanted to make sure they had input. They were engaging the physicians on the staff to make sure the order sets have been reviewed. When there was no appropriate input from the Medical Staff the MEC questioned the order sets and the process was delayed.

Dr. Jamaledine said he was optimistic that the order sets would be completed in time. He said the Chiefs of Staff have been very helpful about addressing the issues.

Mr. Fonseca added that there was a challenge when the workgroups achieved consensus and the order set goes through the approval process and finally makes it to the MEC, there had been times when some providers felt the representation in the workgroup was not qualified to make those approvals delaying the process. The Chiefs of staff needed to make sure that they identified the clinically qualified person to represent the larger body of the Medical Staff

**G. 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 asked if the 95 survey visits during the 2018 calendar year was comparable to other organizations. Mr. Fonseca said it was consistent with an organization the size of AHS. Some of the visits were the result of self-reporting, which prompts site visits.

Trustee Hernandez asked how staff was reminded about the trust culture. Dr. Jamaledine said there were reminders on the web. And they recently made the process simpler. Mr. Fonseca said they regularly encourage staff to report any issues to promote the culture of safety.

**H. REPORT/DISCUSSION: True North Metric Dashboard Review (written report) (Estimated 5 minutes)**

Trustee Bhuket said that the dashboard was on page 190. He pointed out that the STEEEP qualities had been added to the dashboard, which will be helpful.

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

Trustee Bhuket discussed the calendar on page 193 of the agenda packet.

**J. 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 recommended by the medical staffs.

**PUBLIC COMMENT - None**

**TRUSTEE REMARKS - None**

**ADJOURNMENT: 4:52PM**


This is to certify that the foregoing is a true and correct copy of the minutes of the regular meeting of November 29, 2018 as approved by the Quality Professional Services Committee on January 24, 2019:



Rorina Jojola Gonsalves  
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: \_\_\_\_\_



M.D. Moye  
General Counsel