



QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING
THURSDAY, SEPTEMBER 26, 2019
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*
Maria Hernandez
Tracy Jensen

NON-VOTING MEMBERS

Chief of Staff – AHS Medical Staff: M. Kelley Bullard, MD
Chief of Staff - AH Medical Staff: Joseph Marzouk, MD
SLH Leadership Committee Chair: Michael Ingegno, MD

QUALITY PROFESSIONAL SERVICES COMMITTEE REGULAR MEETING MINUTES
REVISED

THE MEETING WAS CALLED TO ORDER AT 2:37 PM.

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT: Kinkini Banerjee (arrived at 2:45pm), Taft Bhuket, MD, and Tracy Jensen

ABSENT: Maria Hernandez (Excused)

A quorum was not established.

Trustee Bhuket announced they would hear Item H first. Add on a report next month for 15 min on physician well-being.

Trustee Bhuket announced they would hear Item G after Item H.

Trustee Bhuket announced that the Committee would adjourn to closed session.

A. CLOSED SESSION (Estimated 40 minutes)

A1. Consideration of Confidential Medical Staff Credentialing Reports

M. Kelley Bullard, MD - AHS Medical Staff

Michael Ingegno, MD - SLH Leadership Committee Chair

Joseph Marzouk, MD - AH Medical Staff

A2. 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)

OPEN SESSION

B. ACTION: Consent Agenda (Estimated 10 minutes)

B1. Approval of the Minutes of the August 22, 2019 Quality Professional Services Committee Meeting

B2. Approval of Policies and Procedures

Recommendation to the Board of Trustees for approval of the Policies listed below.

System wide:

- System Discharge Planning Policy
- Clothing Closet Policy
- Psychosocial Assessment Policy
- Electronic health Information Secure Messaging PHI Policy
- Health Information Management Policy
- System IVIG Pharmacy Dosing Policy
- Malignant Hyperthermia Policy
- Biologic Therapy and Chemotherapy Dose Rounding Policy
- Direct Oral Anticoagulation Policy
- Neutropenic Patient Care Policy
- Transmission Based Precaution Policy
- Patients Own Medications: Storage, Security, Handling, Administration
- Acute Stroke Evaluation and Management Policy
- Activase (Alteplase) for Acute ischemic Stroke
- Blood Product Administration
- Patient Visitor Cellphone policy
- MRI policy
- Lidocaine Policy
- Ketamine Policy

Highland only:

- Antimicrobial Policy
- Complex Care Management Policy

Ambulatory

- 340 B Drug Pricing Program Manual

Trustee Banerjee noted that Hyperthermia was spelled incorrectly Malignant Hyperthermia Policy.

B3. Approval of Privileges Forms

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

AYES: Trustees Banerjee, Bhuket, and Jensen

NAYS: None

ABSTENTION: None

END OF CONSENT AGENDA

C. REPORT/DISCUSSION: QPSC Chair (Estimated 15 minutes)

Taft Bhuket, MD, Chair

C1. What's the Difference Between Equity and Equality? George Washington Public Health Online Blog. 2018.

C2. Learning to be LGBT-friendly. Modern Healthcare. 2015.

Trustee Bhuket and the Committee discussed the articles beginning on agenda packet page 160.

Trustee Banerjee said she was glad they were discussing this quality issue, if they weren't thinking about equity in an intentional way, they wouldn't be able to treat everyone with intentional care.

Trustee Bhuket thought there was total unity on the need for equity and this was a good opportunity to discuss and move toward it.

Mr. Finley said that they understood they had work to do, they constantly had to ask themselves what they do that inadvertently fosters continued perpetuation of inequities in the community. He used a specific example to describe a situation where AHS policy prohibited a proper level of care to a patient who had an economic inequity.

Trustee Banerjee asked if there would be some immediate training on how to work with LGBTQ patients prior to any certification efforts. Dr. Jamaledine said he had the training in a previous job. They were in discussions to find out how to obtain the certification for AHS. He said that it would be an ongoing effort though, even post certification.

Mr. Espinoza said the post-acute facilities were governed by State and Federal regulations. In 2018 a regulation amendment was added requiring LGBTQ training for all staff. They have

contracted with an external organization to conduct the training and all employees have completed the training as of August 1, 2018. The training was mandated to take place every two years and was very comprehensive.

Mr. Finley said that in some respects they didn't do a great job of sharing what they were already doing, such as what Mr. Espinoza just discussed. In their clinic settings they had already been working with appropriate agencies and vendors to update the sexual orientation or gender identification fields. They were working on recommendations to make the conversation a provider-patient conversation. They were also working with the benefits package to make sure it reflected these qualities.

Trustee Bhuket asked for a report back in four to six months.

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

M. Kelley Bullard, MD - AHS Medical Staff

Michael Ingegno, MD - SLH Leadership Committee Chair

Joseph Marzouk, MD - AH Medical Staff

Dr. Bullard discussed the report on agenda packet page 174.

Trustee Banerjee asked about the duty hours citation and two-year warning status. Dr. Bullard said the next level of warning was probation then they could lose the residency program. Dr. Baden discussed the duty hours off mic. She added that they were concerned about exceeding their path. One resident and one intern on a team could not take care of more than 14 patients at a time, which was challenging with the number of patients they had, particularly in specialty services. They had attending doctors rounding on a subset of patients on their own which have become non-teaching patients. They just submitted a document to the ACGME indicating that the concerns were addressed. They expected a cite visit.

Trustee Banerjee asked how to mitigate the clerical work the residents had to do. Dr. Baden said that several changes had been made, including concrete job descriptions to make sure the clerical work is being managed by the appropriate staff.

Trustee Jensen asked if this situation was common. Dr. Baden said it was not a unique situation, other programs were having similar citations. She said they did an internal survey each year and there was an ACGME survey as well.

Dr. Bullard said her top three concerns were diversity, S*A*P*P*H*I*R*E*, and trust between medical staff and executives.

Dr. Ingegno provided a verbal report from the San Leandro Leadership Committee

Dr. Ingegno said his top concerns were S*A*P*P*H*I*R*E* and OR volumes.

Dr. Marzouk discussed the report on agenda packet page 175.

The Committee discussed coverage issues at Alameda Hospital.

Dr. Marzouk said his top concerns were the S*A*P*P*H*I*R*E* and the Transfer Center.

E. REPORT/DISCUSSION: SBU Quality Metric Report, Post-Acute (Estimated 15 minutes)

Richard Espinoza, NHA, Chief Administrative Officer, Post-Acute Care

Mr. Espinoza discussed the report beginning on agenda packet page 178.

Trustee Bhuket asked Mr. Espinoza to include the dashboard in his report next time. He asked if any of the targets had been changed. Mr. Espinoza said they had not, but they will look closely at the quality measures.

Mr. Espinoza said his top concerns were employee engagement, the two remaining surveys weren't too big of a concern but still on the list, and the acute rehab move.

F. REPORT/DISCUSSION: Patient Safety and Regulatory Affairs (Estimated 15 minutes)

Tanvir Hussain, MD, Vice President of Quality

Darshan Grewal, Director of Patient Safety

Dr. Jamaledine and discussed the report beginning on agenda packet page 185.

Trustee Bhuket asked what the sense was for their ability to negotiate the Alameda Hospital survey. Nilda Perez said she was confident, and they had been working on educating staff. Dr. Jamaledine said the medical staff had been very engaged in the corrective action plan.

G. REPORT/DISCUSSION: True North Metric Dashboard Review (Estimated 8 minutes)

Tanvir Hussain, MD, Vice President of Quality

Annette Johnson, Manager Quality Analytics, discussed the report beginning on agenda packet page 198.

Trustee Bhuket asked about the ED length of stay metric. Ms. Johnson said they were trying to reduce the base line to 8. At one-point last year it was 24. She was excited to see the dramatic improvement. Dr. Tornabene said that a year ago the throughput committee had a portfolio of sub teams to work toward the successes. The medical executive committee implemented new daily multi-disciplinary rounds on the units where the patients receive care that included all levels of providers. Ms. McInnis said that they reviewed the list every day and worked on the barriers. They were recently able to place a patient who had been at the facility for over 300 days. She said that they were working to provide safe discharges while working through what needed to be done.

Trustee Bhuket asked what the industry standard was for comparable hospitals. Ms. McInnis said it was two to four hours or one hour from the ED to the bed, once orders were written.

Trustee Banerjee arrived at 2:45pm.

H. DISCUSSION: Planning Calendar/Issue Tracking (Estimated 1 minute)

Taft Bhuket, Chair

Trustee Bhuket discussed the calendar on agenda packet page 207. He said they could discuss the patient affairs landscape potentially in November. For the October agenda, they would agendaize Physician Wellness with Lisa Rosequist.

**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 recommended by the medical staffs.

PUBLIC COMMENT - None

TRUSTEE REMARKS - None

ADJOURNMENT: 4:51PM

This is to certify that the foregoing is a true and correct copy of the minutes of the regular meeting of September 26, 2019 as approved by the Quality Professional Services Committee on October 24, 2019:



Ronna Jojola Gonsalves
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: _____



M.D. Moye
General Counsel