



## QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING

Thursday, October 24, 2019

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*

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*

## QUALITY PROFESSIONAL SERVICES COMMITTEE REGULAR MEETING MINUTES

THE MEETING WAS CALLED TO ORDER AT 2:36 PM.

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

ABSENT: Tracy Jensen (Excused)

A quorum was established.

### A. CLOSED SESSION (Estimated 40 minutes)

#### A1. Consideration of Confidential Medical Staff Credentialing Reports

*M. Kelley Bullard, MD – Chief of Staff, AHS Medical Staff*

*Joseph Marzouk, MD – Chief of Staff, 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 September 26, 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.

**HGH Hospital Only-**

- Anticoagulant therapy in patients undergoing Percutaneous Coronary Intervention
- Bivalirudin as a flush
- Cardiac Stress testing in nuclear medicine
- Criteria for prioritizing Interventional Service Patients
- Use of Echocardiography contrast imaging agents
- Esophagram/Barium Swallow
- Femoral Sheath Removal Arterial/Venous
- Fluoroscopy Sentinel Event
- Heart Alert Activation- Team STEMI
- Implantable Cardiac Device Evaluation/Interrogation
- Insertion of temporary Trans-Venous Pacemaker in Interventional Services
- Interventional FEMO STOP Device Application and Maintenance
- Interventional Services Suite Terminal Cleaning
- Interventional Radiology Embolization Team Activation
- Intra-Aortic Balloon Pump
- Intra-Coronary Nitroglycerine
- Intra-Coronary Nitropusside
- Intradepartmental transfer to and from interventional services
- IV Adenosine for fractional flow reserve for interventional services
- Lumbar Puncture (Spinal Tap)

- Maintaining Radiation Exposure (ALARA)
- Medication Diatrizoate (Gastrografin ) Oral contrast solution administration
- Magnetic Resonance Imaging Regulations
- Pacemakers-Temporary Tran-Venous
- Patient Status for Interventional Services Patient
- Perclose Proglide Suture Mediated Closure System
- Radial Sheath Removal
- Trans-Cutaneous External Pacing
- Transthoracic Echocardiography
- Treatment of Chest Pain and NSTEMI
- Upper Gastro Intestine with and without small bowel follow through
- Use of echocardiography with agitated saline contrast
- Provider and Periprocedural care requirements for cardiac cathlab procedures
- Same Day Discharge in patients undergoing Percutaneous Coronary Intervention

**John George Psychiatry Hospital Policies Only:**

- Suicide Screening and Assessment
- John George Psychiatry Emergency Response Policy

**AHS SYSTEM:**

- Assessment/Reassessment and Care Planning
- Establishing Code Status and Level of Life Sustaining Treatments
- EPIC Downtime Policy
- Hand Off Communication Guidelines
- Patient Belongings/Valuables Property Policy
- Medication: Renal Dosing Pharmacy Adjustment
- Restraint and Seclusion in Acute Care
- Rapid Response Team
- School of Nursing Para Professional Affiliation
- HR Section 4.00-Policy 4.21 Annual Competencies
- Adverse Reaction to Contrast Media
- Critical Results reporting for cardiology
- Pregnant Patients and IV Contrast Administration
- Safely Opening Packages
- Scope of Services-Cardiovascular Services
- Scope of services- Imaging Services
- Screening Women of Child Bearing Age prior to imaging
- Transesophageal Echo Procedure
- Approval of Quality Assurance and Performance Improvement Plan FY 20

**B3. Approval of Privileges Forms**

*M. Kelley Bullard, MD, AHS Chief of Staff*

*Joseph Marzouk, MD, AH Chief of Staff*

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

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

**NAYS:** None

**ABSTENTION:** None

**END OF CONSENT AGENDA**

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

*Taft Bhuket, MD, Chair*

**C1. The Normalization of Deviance in Healthcare Delivery.** Banja, John. 2009.

**C2. Why ‘Deviance’ Becomes the New Normal in Health Care Safety Practices.** Betsy Lehman Center for Patient Safety. 2016.

Trustee Bhuket and the Committee discussed the articles beginning on agenda packet page 288.

Trustee Hernandez asked how it related to the checklist process. Trustee Bhuket said that the checklist in the airline industry was not set in stone, it had the ability to adapt and be culled down. Dr. Bullard talked about how good checklists depended on good process audits.

Trustee Banerjee said they have tried to operationalize every aspect of the business. She discussed the importance of normalized and frequent discussions of the process.

Trustee Hernandez also discussed the importance of questioning authority. All levels of worker needed to be able to question everything.

**D. REPORT/DISCUSSION: Medical Staff Reports (Estimated 30 minutes)**

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

Dr. Marzouk discussed the report on agenda packet page 306.

Trustee Banerjee asked about the GI coverage. Dr. Marzouk said anything acute had to go outside of Alameda. The GI coverage they did have didn't cover 24-7 service. Dr. Jamaledine said that they were working on the issue and had a physician who accepted the position. Trustee Bhuket said this was a movement toward systemizing the GI department.

Dr. Marzouk said his top concerns were specialty coverage, transfer center, and S\*A\*P\*P\*H\*I\*R\*E\*.

Dr. Ingegno provided a verbal report from the San Leandro Leadership Committee. He said the OR inefficiencies were massive and unacceptable.

Trustee Bhuket asked if he felt like the S\*A\*P\*P\*H\*I\*R\*E\* dust was settling, if they felt like they had the resources to manage. Dr. Ingegno said processes needed to be streamlined and made efficient. There were many frustrating concerns. He hoped people would be open to the suggestions being made.

Dr. Jamaledine responded to some of Dr. Ingegno's concerns and added that they would look into them further. Mr. Finley added that there were daily meetings to discuss the project. There were invariably a host of issues, but on balance, things have been going well. The Committee discussed some practices that S\*A\*P\*P\*H\*I\*R\*E\* had exposed that need to be revised.

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

Dr. Bullard discussed the report on agenda packet page 305.

Dr. Bullard said her top three concerns were diversity, relationships, and S\*A\*P\*P\*H\*I\*R\*E\*.

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

*Luis Fonseca, Chief Operating Officer*

*Janet McInnes, Chief Administrative Officer/Chief Nurse Executive*

Theresa Cooper, VP Patient Care Services HGH, and Ronica Shelton, VP Patient Care Services AH, reviewed the report beginning on agenda packet page 309

Trustee Banerjee asked about the five measures that weren't on target, if they were optimistic that they would get on track. Dr. Hussain said they had until the end of the fiscal year, but said he was encouraged.

Trustee Bhuket asked about the national 30 day readmit rates and the financial implications the rates caused. Dr. Hussain said it was about to 18%. In the AHS population that rate was higher. The dashboard target was taken from the baseline. There was some adjustment in payment for readmits.

Ms. Shelton said her top three concerns were sustaining a plan of corrections, negotiations, and patient experience.

Ms. Cooper said that her top concerns were deviations.

**F. REPORT/DISCUSSION: Wellness Task Force Report (Estimated 10 minutes)**

*Lisa Rosequist, PhD, Director of Provider Wellness*

*Gene Hern, MD, Immediate Past Chief of Staff*

Dr. Lisa Rosequest and Jan Robertson reviewed the presentation available here:

<http://www.alamedahealthsystem.org/2019-meeting-agendas-and-minutes/>.

Trustee Hernandez asked what could be done to be proactive around the wellness needs of staff. Ms. Robertson said they wanted to prevent issues and build resilience. She hoped the peer support program worked to allow people to check in with each other so that the wellness of colleagues was cared for.

Trustee Bhuket asked about the 2% incentive in the insurance premium. Darshan Grewal said it was substantial, close to \$100,000.

Trustee Hernandez said they could make use of a core set of trauma educated therapist volunteers.

Trustee Banerjee asked if the just culture work was embedded in this. Ms. Robertson said the HEART program was the frame work for a just culture.

Trustee Bhuket asked what their first ask would be for the program. Dr. Rosequest said more time for both of them to dedicate to the program would be her first wish.

**G. REPORT/DISCUSSION: Patient Safety and Regulatory Affairs (Estimated 10 minutes)**

*Tanvir Hussain, MD, Vice President of Quality*

*Darshan Grewal, Director of Patient Safety*

Ms. Grewal reviewed the report beginning on agenda packet page 325.

**H. REPORT/DISCUSSION: True North Metric Dashboard Review (Estimated 8 minutes)**  
*Tanvir Hussain, MD, Vice President of Quality*

Dr. Hussain reviewed the report beginning on agenda packet page 338.

**I. DISCUSSION: Planning Calendar/Issue Tracking (Estimated 1 minute)**  
*Taft Bhuket, Chair*

Trustee Bhuket reviewed the report on agenda packet page 347.

**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:** 4:58PM

This is to certify that the foregoing is a true and correct copy of the minutes of the regular meeting of October 24, 2019 as approved by the Quality Professional Services Committee on November 21, 2019:

  
Roma Jojola Gonsalves  
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by:   
M.D. Moye  
General Counsel