



QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING

Thursday, November 21, 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

QUALITY PROFESSIONAL SERVICES COMMITTEE REGULAR MEETING MINUTES

THE MEETING WAS CALLED TO ORDER AT 2:34 PM.

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

ABSENT: None

A quorum was established.

OPEN SESSION / ROLL CALL

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 October 24, 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.

AHS System:

- Catheter associated urinary tract infection (cauti) prevention for indwelling urinary catheters policy
- AHS sitter policy
- Antimicrobial stewardship policy
- System discharge medications policy
- Standards of nursing practice

B3. Approval of Department of Medicine Nephrology Privileges Form

M. Kelley Bullard, MD, AHS Chief of Staff

B4. AHS and Alameda Hospital Medical Staff Competencies

M. Kelley Bullard, MD, AHS Chief of Staff

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

AYES: Trustees Banerjee, Bhuket, Hernandez, and Jensen

NAYS: None

ABSTENTION:

END OF CONSENT AGENDA

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

Taft Bhuket, MD, Chair

C1. 5 Ways Healthcare Organizations Can Amplify The Voice Of The Patient. Forbes 2017.

Trustee Bhuket discussed the article beginning on page 96 of the agenda packet. He said management was going to review the logistics and options for bringing a patient voice to the organization.

Mr. Finley said he appreciated the article and the recommendations were generally not onerous. He discussed several recent experiences where patient feedback was able to drive performance. He appreciated the idea of "lunch" meetings with patients to encourage participation in a potentially more open format than a formal meeting.

Trustee Hernandez said that senior leaders needed to maintain a connection with what was happening on the floor.

Trustee Jensen added that the Board Members were far removed from the patient experience and they should consider their interactions as well. She said that family caregivers also had opinions that could be very relevant.

Trustee Banerjee said that there was a level of artifice with the patients, so it was important to get out into the community to ask these questions as well. She said the CFO should be involved in quality conversations to ensure that decisions were being made with a quality consideration.

Trustee Hernandez suggested one day a year of Board rounds.

Trustee Jensen said that in Alameda patients often felt like they could talk to the leaders on site.

Trustee Banerjee added that she would be willing to set time aside each month to visit the hospitals.

Trustee Bhuket shared an incident where a patient could not get seen at AHS, ended up going elsewhere where she was diagnosed with a serious condition. He would not have known about it had she not shared her experience with the CEO. It was important to allow the senior executives to play a role in the day to day business.

C2. PfP Strategic Vision Roadmap For Person And Family Engagement (PFE): Achieving The PFE Metrics To Improve Patient Safety And Health Equity. American Institutes For Research 2017.

Trustee Bhuket discussed the article beginning on page 103 of the agenda packet.

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 148.

Dr. Jamaledine updated the Board on some current recruitments that would help resolve some of Dr. Marzouk's concerns.

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 challenging. Mr. Finley cautioned that the S*A*P*P*H*I*R*E* dashboard was not yet accurate data.

Dr. Ingegno said it was frustrating that ED physicians could not release 5150 patients without a psychiatrist. He said this process was unique to Alameda County. Dr. Jamaledine said the procedure was different at Highland. Mr. Finley said explained how the designations that guided the process worked stating each County determined which clinicians were able to authorize the releases. He said that most counties limited that distinction to psychiatrists. He said it presented challenges, but it was not exclusive to Alameda County.

Trustee Hernandez was concerned about the telepsychiatry concept. The risk of a 5150 patient being dismissed after a tele consultation was concerning. Dr. Jamaledine said it was a concern with any telemedicine. He clarified that tele medicine happened between two doctors. There were safeguards in place. Trustee Hernandez said there may be specific thresholds they should set.

Trustee Bhuket said that if it was true that each county decided how to execute the releases of 5150s that was an important question. If AHS carried a majority amount of 5150s for the County there might be a role for advocacy. Mr. Finley said there was a place for advocacy.

Dr. Ingegno said his top concerns were neurology and phycology coverage, S*A*P*P*H*I*R*E* and the OR volumes.

Dr. Bullard discussed the report on agenda packet page 147.

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, Ambulatory (Estimated 20 minutes)
Palav Babaria, MD, Chief Administrative Officer

Dr. Babaria discussed the report beginning on agenda packet page 150.

Trustee Jensen asked who got the emails from patients to doctors. Dr. Babaria said that all messages go to the nursing pool. She wasn't sure that they had trained the staff to properly manage the messages though because most of them were being forwarded to the doctors. Trustee Jensen said the emails were a good opportunity to gather information. Trustee Hernandez was concerned about the productivity of the provider.

Trustee Banerjee asked was there incentive changing penalties if they didn't meet goals. Dr. Babaria said nothing had changed, they got paid for every metric they hit and did not get paid for metrics they did not hit. There were high performance metrics in addition to that.

Dr. Palav said, based on a question from Dr. Jamaledine, that as part of the FQHC status AHS had to have a Homeless Co Applicant Board. The current Board had community members and patients who are in a position of directing AHS. Through deed funding they had Mandarin, English, and Spanish speaking panels that include patients and providers who spoke those languages.

Trustee Jensen asked if the Patient Advisory Councils were open to the public. Dr. Babaria said she would be happy to connect the Board Members to the leaders of the group, but she wasn't sure if they were public meetings.

Trustee Hernandez wondered if they could have these councils at each of the other locations.

Dr. Bhuket said he'd read that for every one-hour of patient contact there was 2 hours of charting that had to be done. He asked Doctor Babaria how to moderate the problem. She said this was the puzzle that needed to be solved immediately. She said her experience hasn't been quite that bad, but it took a long time. She said there were best practices to help make things easier and they needed the data showing when the charting was happening, but it takes time to build that data.

Dr. Babaria said her top concerns were S*A*P*P*H*I*R*E* and culture.

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

Tanvir Hussain, MD, Vice President of Quality
Darshan Grewal, Director of Patient Safety

Dr. Hussain discussed the report beginning on agenda packet page 161.

G. REPORT/DISCUSSION: True North Metric Dashboard Review (Estimated 3 minutes)

Tanvir Hussain, MD, Vice President of Quality

Dr. Hussain discussed the report beginning on agenda packet page 178.

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

Taft Bhuket, Chair

Trustee Bhuket said they would review the Patient Affairs Landscape in January, have a LGBTQ follow up in February, and discuss Provider Wellness in March of 2020.

Trustee Jensen asked if they could have a report back regarding the 5150 process with some comparative data. Dr. Tornabene said she would work with Dr. Sidhartha and prepare a report for the April meeting.

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

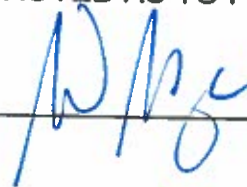
This is to certify that the foregoing is a true and correct copy of the minutes of the regular meeting of November 21, 2019 as approved by the Quality Professional Services Committee on January 23, 2020:



Ronna Dojola Gonsalves
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: _____



M.D. Moye
General Counsel