



## QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING

Wednesday, March 24, 2021

5:30pm-7:30 pm

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: Telephonic/Electronic Meeting

### COMMITTEE MEMBERS

Kinkini Banerjee

Taft Bhuket, MD, *Chair*

Jeanette Dong

Jennifer Esteen

Tracy Jensen

Sblend A. Sblendorio

### NON-VOTING MEMBERS

*Chief of Staff – AHS Medical Staff*

*Chief of Staff - AH Medical Staff*

## QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING MINUTES

**THE MEETING WAS CALLED TO ORDER AT 5:34 pm.**

**ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT:** Taft Bhuket, MD, Jeanette Dong, Jennifer Esteen, Tracy Jensen (arrived at 6:08pm), and Sblend A. Sblendorio (arrived at 6:56pm)

**ABSENT:** Banerjee, excused

**PUBLIC COMMENT: None**

### **A. REPORT/DISCUSSION: QPSC Chair Report**

*Taft Bhuket, MD, Trustee*

**A1. Article. Cost of Poor Quality. Robert Fojut.** Healthcare Financial Management Association. 2016.

Trustee Bhuket discussed the article beginning on agenda packet page 8.

***NOTE: 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.***

Trustee Blue discussed the interlink between quality and finances. She asked how they determined what came first, quality or finances. She said it was wrong for finance to drive health care. Trustee Bhuket said the business should follow the care and not the other way around. These were the things they needed to discuss. They needed to understand where to prioritize.

Trustee Esteen said as a nurse and the Finance Committee chair, she knew that quality didn't always boil down to money. As a health care system, they had to imagine that it was bigger than that. She didn't believe they should cheapen quality to deliver the lowest cost health care possible.

**A2. Article. Creating A Culture of Continuous Improvement.** Aravind Chandrasekaran and John Toussaint. HBR. 2019.

Trustee Bhuket discussed the article beginning on agenda packet page 11.

Trustee Dong said she enjoyed where the article advised walking the halls to see how things were done in the field. For AHS it meant understanding the clinical arm and what folks do throughout the system to make better decisions.

Trustee Bhuket announced that due to the lack of a quorum, Agenda Item C would be heard next. Agenda item B would be heard once a quorum was established.

**B. ACTION: Consent Agenda**

Agenda item B was heard after Agenda item D, due to lack of a quorum.

**B1. Approval of the Minutes of the February 24, 2021 Quality Professional Services Committee Meeting**

**B2. Recommendation of Approval of Policies and Procedures**

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

**AHS System – March CPC and MEC Approvals**

- Acceptable Use of Information Systems Policy
- Medications - Ordering and Prescribing (AHS)
- Notices of Non-Coverage and End of Medical Necessity (AHS)

**B3. Approval of Revised Medical Staff Privilege Form(s)**

*Irina V. Williams, M.D., Alameda Health System Chief of Staff*

- Physician Assistant – Palliative Care – Multifacility
- Palliative Care – Multifacility
- Physician Assistant – Medicine – AHS
- Pediatrics
- Nurse Practitioner – Pediatrics
- Neurosurgery/Ortho Spine – Multifacility

Trustee Bhuket announced that the “Neurosurgery/Ortho Spine – Multifacility” Privilege Form was removed from the agenda by staff and would not be voted on.

Trustee Jensen moved and Trustee Dong seconded to approve the Consent Agenda without the Neurosurgery/Ortho Spine – Multifacility Privilege Form.

**ACTION:** A motion was made and seconded to approve the Consent Agenda without the Neurosurgery/Ortho Spine – Multifacility Privilege Form. A roll call vote was taken, and the motion passed.

**AYES:** Trustees Bhuket, Dong, Esteen, Jensen

**NAYS:** None

**ABSTENTION:** None

### **END OF CONSENT AGENDA**

#### **C. REPORT/DISCUSSION: Medical Staff Reports** (estimated 20 min)

- AHS Medical Staff: Irina Williams, MD (Chief of Medical Staff)  
Edris Afzali, MD (SLH Leadership Committee Chair)
- AH Medical Staff: Cathy Pyun, MD (Chief of Medical Staff)

Dr. Williams discussed the report for the AHS Medical Staff on agenda packet page 93.

Dr. Williams said a top concern of the Medical Staff was supporting the merge of San Leandro Hospital Medical Staff with the AHS Medical Staff and understanding how they could better support the affected providers and encourage their engagement. Some concerns with the San Leandro staff was the challenges with the consultant services in the ED and inpatient areas. The San Leandro Hospital Leadership Committee was still concerned about the subspecialty consults. The Committee also showed appreciation for Mr. Jackson and Mr. Fratzke doing rounds. They reported that they were doing well with the COVID vaccine roll out.

Dr. Williams said her primary concern was supporting the next steps to ensure they provide adequate support to their San Leandro providers.

Dr. Joshi discussed the report for Alameda Hospital on agenda packet page 94.

#### **D. REPORT/DISCUSSION: Patient Safety, Regulatory Affairs, and Quality TNM Dashboard** (estimated 15 min)

*Tanvir Hussain, MD, Chief Quality Officer*  
*Darshan Grewal, System Director of Patient Safety*  
*Nilda Perez, System Director of Regulatory Affairs*  
*Annette Johnson, Quality Analytics Director*

Dr. Hussain reviewed the reports beginning on agenda packet page 96.

Trustee Jensen arrived 6:08pm. A quorum was established.

Trustee Dong asked what “findings that were not statistically significant” in the Harm Rates meant. Dr. Hussain said that harm should occur infrequently. One or two incidents could dramatically change the rate. They used a standard statistical methodology to see if the difference was by chance or real. “Findings that were not statistically significant” meant that there was no evidence that there were real differences.

Trustee Dong asked if they calculate a standard deviation for each situation. Dr. Hussain said because they were reporting rates they used a Poisson distribution to calculate standard errors using a methodology that calculated based on an overall mean.

Trustee Dong said the harm rate by race for FY2019 was statistically significant but that it was corrected in FY2020. Dr. Hussain said the Chi-Square test did not tell them within which group it was different. But the overall proportion to mean group appears to be not equal. That difference could be detected because the African American population suffered higher harm than the Asian population, for example. But it would not indicate between which group there was a difference. In FY2020 they did a case by case review which showed a variation in practice, which they could not explain. But the variance led them to develop standard work.

Trustee Bhuket said historically the triannual Joint Commission surveys were four or five days. He asked why the expectation of the pending survey was only three days. Dr. Hussain said they shortened it because it was a follow up survey intended to validate the corrections from the November survey and to confirm the February findings were still in place.

Trustee Bhuket asked what the best and worst outcomes would be. Dr. Hussain said there was a special branch of the accreditation arm of the Joint Commission with representatives who looked at organizations that were put in a preliminary denial track. AHS was back in an accredited status and the follow up survey would keep them in an accredited status. It would pull them back into the triannual cycle. He said that if they had findings, depending on the scope and severity of the findings, it would lead those results to go back to their accreditation committee to review. Ms. Perez said, if they pass the survey, they'd get pulled forward six to 10 months.

Agenda Item B was heard following Agenda Item D.

**E. REPORT/DISCUSSION: Quality Improvement Project Reports, 2021 Planning** (estimated 20 min)

*Taft Bhuket, MD, Board President*

Trustee Bhuket said that he and Dr. Jamaledine, Dr. Tornabene, and Dr. Hussain discussed sharing the continuous improvement work being done. He asked for feedback on what should be discussed. It could be a good place to celebrate good outcomes.

Dr. Tornabene said the agenda item gave them an opportunity to highlight continuous quality improvement. They discussed sharing projects at all stages of development. Ideas had come forward about some ambulatory improvements, some improvements in areas for care for substance use disorders and more. She appreciated the opportunity to do short reports on what they were working on.

Dr. Jamaledine said it was important for the frontline staff to present their work to the governing body. He said it was a spectrum of where the pain points were. For example, throughput was a pain point. Also, there was a spectrum of health care innovation.

Dr. Hussain said they served a good mission and there was a lot of opportunity to celebrate process of performance improvement. The display of vulnerability in coming forward for places where they could improve and telling the story of how they became better was compatible with celebrating who they were. The answers and the solutions were in the hands of the front line who did the work every day. Tapping into that would change the organization.

Trustee Jensen said this was a great opportunity to use the data points that were so embedded in their day to day provision of care.

Trustee Dong discussed knowing what was happening on the front lines. Improvement came from the people performing the most critical actions. It was aspirational for the people to know the Board was listening and wanted to improve the system a whole.

Trustee Bhuket said no item was too small, though some could be too big and need a bigger item. It could be something like way finding that was discussed.

Mr. Fratzke said he loved it when ideas percolated up from staff. As an organization they had figure out how to support that activity through educating and giving them the venues to let their ideas be known and supporting them with resources to take the ideas through to fruition. He was looking forward to working with everyone to determine how they could provide the resources to improve quality throughout the organization.

Mr. Jackson said that he was struck by the aspirational nature of the item. This mirrored what he and Mr. Fratzke were doing by rounding and talking with staff. No item was too small, and the opinions of staff were valued.

Trustee Bhuket said the scope of quality improvement projects could include a variety of topics.

**F. REPORT/DISCUSSION: Quality Improvement Project Report, John George Psychiatric Hospital Patient Flow/Throughput (estimated 15 min)**  
*Tanuj Sidhartha, MD, Interim Chair of Psychiatry*  
*Paula Austin-Ghandehari, MD, Director of Nursing*

Dr. Sidhartha discussed the presentation beginning on agenda packet page 119.

Trustee Sblendorio arrived at 6:56pm.

Trustee Jensen asked if the data reflected in the presentation was pre-pandemic. Dr. Sidhartha confirmed that it was.

Trustee Jensen asked where the patients were going when they were diverted. Dr. Sidhartha said they would be open for patients from the community, but 50% of their patients were transferred from EDs, and they would stay in the EDs longer. He said they did not have anywhere to divert them to.

Trustee Jensen asked if there was any relationship to the pandemic shut down and the patient admissions. Dr. Sidhartha said the number of patients arriving in the PES had reduced by five during the pandemic. The Length of Stay reduction was more about the process and staffing changes.

Trustee Bhuket asked how much it cost to change the schedule extending the hours for the doctors. He also asked what the benefit was. Dr. Sidhartha said the cost of not having access was bad. There was no cost to changing the schedule, they just changed the work schedules. They did work with the union first. The census had decreased to where they were running below census. When they were constantly overstaffing and having a high census it led to higher costs. Also, when patients stayed longer than 20 hours there was no reimbursement for that, so more care was reimbursed with the changes. Trustee Bhuket said that staff satisfaction might be improved as well.

Trustee Esteen the collaboration and design of the plan had provided great benefit across the region. She asked if patient assaults had been impacted. Dr. Sidhartha said he wasn't sure if it had been impacted. He said that in PES they had decreased but in impatient they stayed the same

**G. INFORMATION: Planning Calendar/Issue Tracking** (estimated 5 min)

*Taft Bhuket, MD, Chair*

Trustee Bhuket said they would bring a nursing education item to the Committee at some point, but they did not have a set date yet. Throughput was an ongoing discussion, they discussed one component of it on the previous agenda item. They would bring a Transfer Center report in two or three months. He referred the Exit Interviews item to the HR Committee.

**H. WRITTEN REPORTS**

**H1. Ambulatory Operations Report and January 2021 SBU Dashboards**

*Ghassan Jamaledine, MD, Chief Medical Officer*

*Kathryn Horner, Interim Chief Administrative Officer, Ambulatory Care*

**H2. HEDI: Safety and Quality Data Analysis Plan**

*Tanvir Hussain, MD, Chief Quality Officer*

*Neha Gupta, MD, Medical Director of Value Based Care*

*Annette Johnson, Quality Analytics Director*

Mr. Moye announced that the Board of Trustees were adjourning into Closed Session to discuss the agenda items per the applicable Government Codes.

**I. CLOSED SESSION** (estimated 30 min)

**11. Consideration of Confidential Medical Staff Credentialing Reports**

*Chief of Staff Committee, AHS Medical Staff*

*Chief of Staff, AH Medical Staff*

**12. 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**

**J. REPORT: Legal Counsel's Report on Action Taken in Closed Session**

*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.

**ADJOURNMENT:** 7:49 pm

This is to certify that the foregoing is a true and correct copy of the minutes of the Quality Professional Services Committee meeting of February 24, 2021 as approved by the Quality Professional Services Committee on March 24, 2021:

*Ronna Jojola-Gonsalves*

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Ronna Jojola Gonsalves  
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: *shakib azizi*

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Ahmad Azizi  
Interim General Counsel









# 2021-03-24 QPSC Minutes FINAL APPROVED

Final Audit Report

2021-10-05

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