



## QUALITY PROFESSIONAL SERVICES COMMITTEE MEETING

Wednesday, June 23, 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

Mark Friedman Tracy Jensen

Sblend 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 TIME 5:35 pm.**

**ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT:** Kinkini Banerjee (arrived 5:44pm), Taft Bhuket, MD, Jeanette Dong, Mark Friedman, Tracy Jensen, and Sblend A. Sblendorio (left at 6:13pm, returned at 6:39pm)

**ABSENT:** Jennifer Esteen (excused)

### **PUBLIC COMMENT: Non-Agenda Items**

None

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

*Taft Bhuket, MD, Trustee*

Trustee Bhuket announced that Trustee Friedman has joined the Committee and Trustee Sblendorio has resigned effective immediately the current meeting.

***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.***

**A1. Article. Seven Features of Highly Effective Outcomes Improvement Projects.** Health Catalyst, 2017.

Trustee Bhuket reviewed the article beginning on agenda packet page six.

Trustee Jensen said the first point, about having an accountability focus rather than an outcome focus, was a challenge because health care organizations measured quality, accountability improvement. The regulators measure both and held them accountable which led to improvement.

**B. ACTION: Consent Agenda**

**B1. Approval of the Minutes of the May 26, 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 – June CPC and MEC Approvals**

- PAIN ASSESSMENT AND MANAGEMENT (AHS)
- Fentanyl Patch Policy

Trustee Jensen moved and Trustee Friedman seconded to approve the Consent Agenda.

**ACTION:** A motion was made and seconded to approve the Consent Agenda. A roll call vote was taken, and the motion passed.

**AYES:** Trustees Banerjee, Bhuket, Dong, Friedman, Jensen, and Sblendorio

**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, DO (Chief of Medical Staff)

Dr. Afzali said the neurosurgery tele consult service pilot had been extended to July 12th. The volumes were increasing by nearly 25% against the previous year.

Dr. Pyun discussed the report beginning on agenda packet page 32. She discussed a case recently where the transfer to Highland was denied. She said that was not good considering they needed to determine how to accommodate the transfers.

Trustee Banerjee asked how they could stop internal transfers from being denied. Dr. Jamaledine said they were pushing administrators and leadership. It was not physicians refusing

the transfer. The problem was when they didn't have beds, or the ED was very full. But they patient did not need the ED or a bed, they needed the specialty. They were working with the Transfer Center and the COO to find solutions. Dr. Tornabene said the solution, for this case, was a work around with Dr. Bhuket, who was not on call, going to the hospital at 2am to scope the patient. They should have had a positive response to the transfer, and it should have happened six hours earlier.

Dr. Williams spoke regarding the report beginning on agenda packet page 31.

Trustee Sblendorio left at 6:13pm.

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

*Dr. Ghassan Jamaledine, Chief Medical Officer*  
*Darshan Grewal, System Director of Patient Safety*  
*Nilda Perez, System Director of Regulatory Affairs*  
*Annette Johnson, Quality Analytics Director*

Trustee Jensen asked about length of stay. She said they tended to not meet the standards. She asked if it was connected to the transfer protocols. Dr. Jamaledine said they had some increase in the average length of stay related to COVID, but he didn't think it was directly related to issues with transfers. It wasn't only acuity, but also other social determinants like homelessness or access to post-acute care. Dr. Tornabene said they met the previous day to discuss how to improve the admissions process. They didn't get into that good question about the impact of transfers on the length of stay at Alameda Hospital. They didn't have the data to work with yet.

Trustee Sblendorio returned at 6:39pm.

Trustee Banerjee said that given the culture of safety survey results on agenda packet page 32, she'd like to see a physician burn out report come back to the QPSC. Dr. Jamaledine discussed structured team approaches as related to burn out. They were discussing what more could be done to address the issue. They would bring it back.

**E. REPORT/DISCUSSION: Alameda Hospital Mock Joint Commission Survey Learnings**  
(estimated 20 min)

*Dr. Ghassan Jamaledine, Chief Medical Officer*  
*Nilda Perez, System Director of Regulatory Affairs*

Trustee Jensen said Alameda Hospital historically had been a site where the environment of care was a challenge. She appreciated that there were no major findings in the area as there had been in the past.

Trustee Bhuket asked when the Joint Commission window would open for an evaluation of Alameda Hospital. Ms. Perez said the window was currently open through November.

Trustee Bhuket asked if they were resourced to handle a survey if the Joint Commission showed up. Ms. Perez said they were tight on resources, but they would find a way.

**F. REPORT/DISCUSSION: Quality Improvement Project Report, BRIDGE-ing the Chasm: Improving Access to Care for Substance Use Disorders (estimated 20 min)**

*Dr. Andrew Herring, Medical Director, Bridge Clinic, Co-Principal Investigator, CA Bridge  
Dr. David Tian, Chief, Division of Primary Care*

Trustee Friedman asked what the biggest challenge was to the work. Dr. Tian said they were challenged by the lack of a permanent substance use navigator - a cross discipline role that did not previously exist. They had plans in motion to make that a permanent position. Dr. Herring said bringing people who were not in care to care was a challenge. The people who were at the highest risk of overdose were often not in care at all. The substance use navigator would help bring those people into care so they could save their lives.

Trustee Dong appreciated the work. She said that a lot of people had cross issues, which created a storm of activity and they ended up in the ER. This was a valuable and exciting program. She added that the County didn't have the resources for what they really needed out on the street because the fentanyl issue was growing. Dr. Tian hoped that in two to three years the bizarre divide between medication-based treatment and behavioral treatment would go away and there would be a County wide approach. Trustee Dong said a lot of local municipalities were looking at doing a first responder with a nurse practitioner model and perhaps they could work together.

Trustee Jensen said it was good to know that they were leading the nation in this area and meeting the needs of the many people. She asked how the clinic coordinated with John George. Dr. Tian said it was not easy, but he was committed to improving the work. The volume of John George was so great. They could not force people to the table. The first step was to get Buprenorphine on the formulary at John George. The next step would be to have a substance use navigator on site at John George. Trustee Jensen spoke to how it would help lower the amount of returns to John George.

Trustee Bhuket asked about the governance of the Bridge Clinic. Dr. Herring said it was the emergency department, behavioral health, primary care, specialty care, etc. But there was no cross departmental governorship that formally governed the clinic, which was a gap.

Trustee Bhuket asked what the cost would be for a substance use navigator. Trustee Herring said about \$65,000. They currently paid much more than that through a consulting firm. It would be a huge cost savings to bring the position in house.

Trustee Banerjee said this was a phenomenal program. She would love to learn more about the funding structure.

**G. INFORMATION: Planning Calendar/Issue Tracking**

*Taft Bhuket, MD, Chair*

Trustee Bhuket said they would bring the Transfer Center back to the Committee soon.

Mr. Azizi said the Committee would meet in Closed Session to discuss the items as set forth in the agenda.

**H. CLOSED SESSION** (estimated 30 min)**H1. Consideration of Confidential Medical Staff Credentialing Reports**

*Chief of Staff, AHS Medical Staff*

*Chief of Staff, AH Medical Staff*

**H2. Conference with Legal Counsel**

*Ahmad Azizi, Interim 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****I. REPORT: Legal Counsel's Report on Action Taken in Closed Session**

*Ahmad Azizi, Interim General Counsel*

Mr. Azizi 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: 7:56pm**

This is to certify that the foregoing is a true and correct copy of the minutes of the Quality Professional Services Committee meeting of June 23, 2021 as approved by the Quality Professional Services Committee on July 28, 2021:

*Ronna Jojola-Gonsalves*

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Ronna Jojola Gonsalves  
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: *shakib azizi*  
shakib azizi (Oct 5, 2021 11:40 PDT)

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Ahmad Azizi  
Interim General Counsel









# 2021-06-23 QPSC Minutes APPROVED

Final Audit Report

2021-10-05

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