SPEAKING UP & CARING MOMENTS

Consider sending an ecard through Kaiser to someone who has been kind, compassionate, or innovative (to give a few examples):

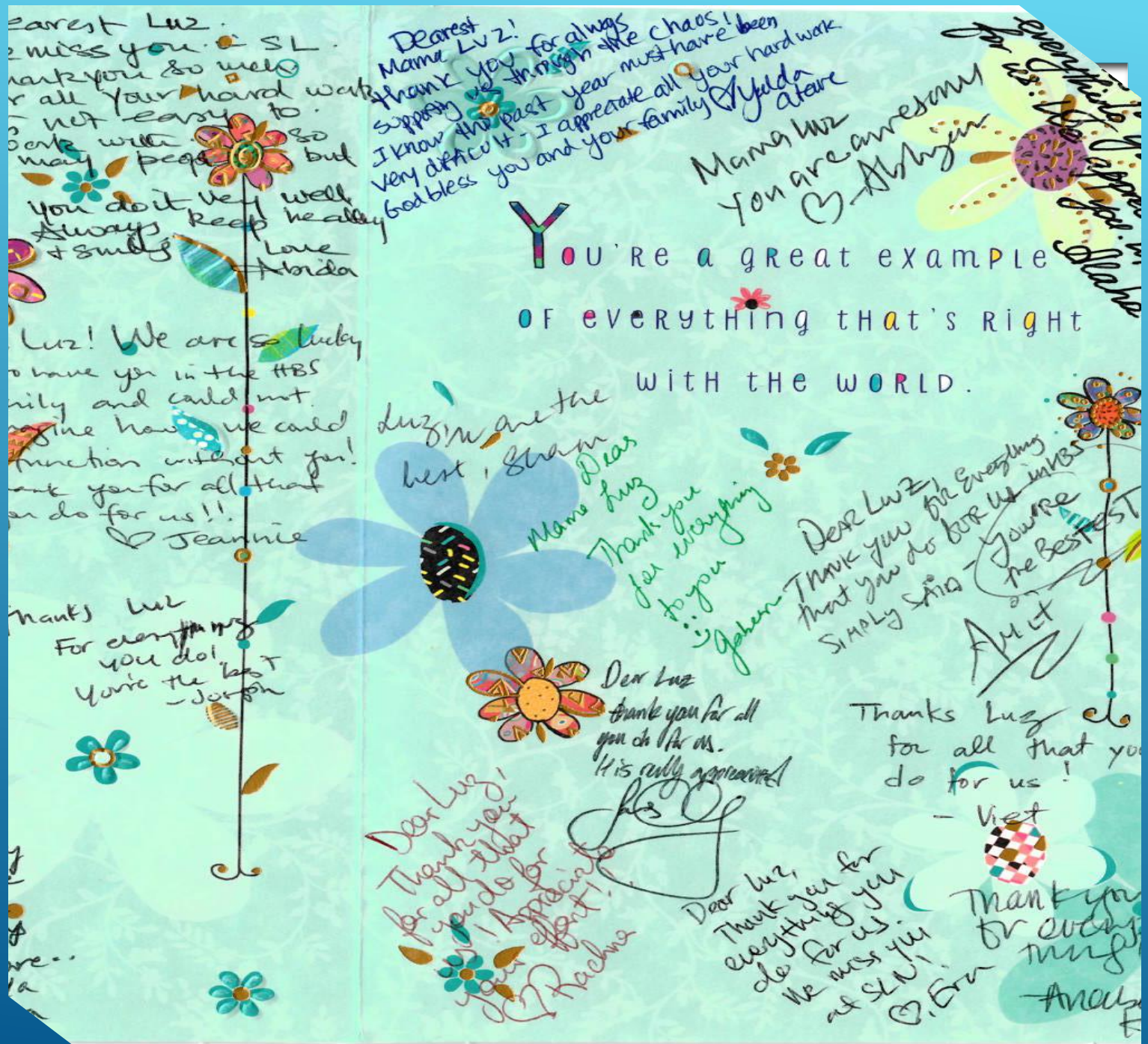
https://caringmoments.kaiserpermanente.org/ecard/

https://caringmoments.kaiserpermanente.org/ecard/

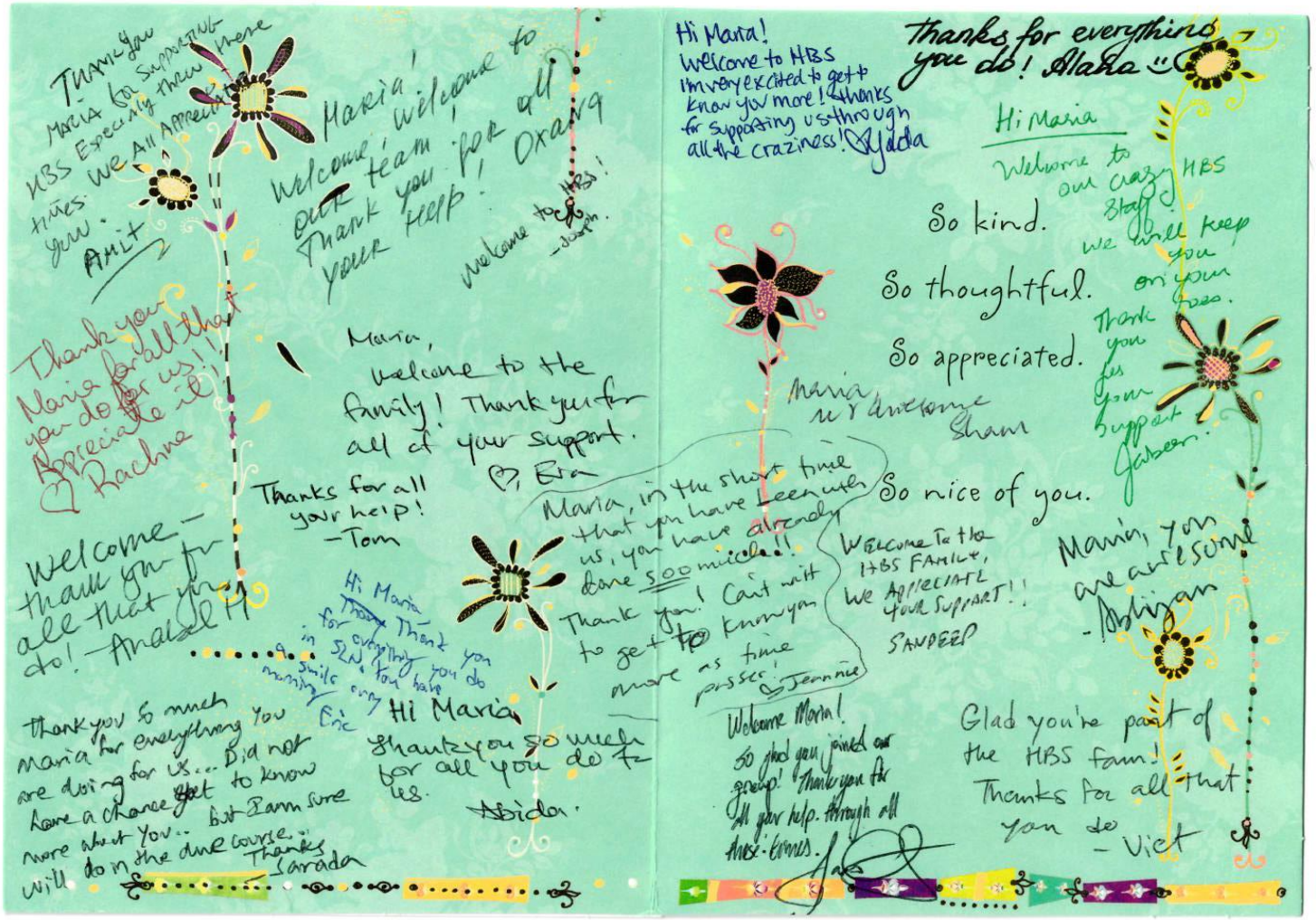
Minutes of the Meeting

Recognition of ongoing unrest in Ukraine and Russia. Acknowledged our physicians , Eugenia, Oxana and Yuliya who have families in those areas.

CELEBRATIONS



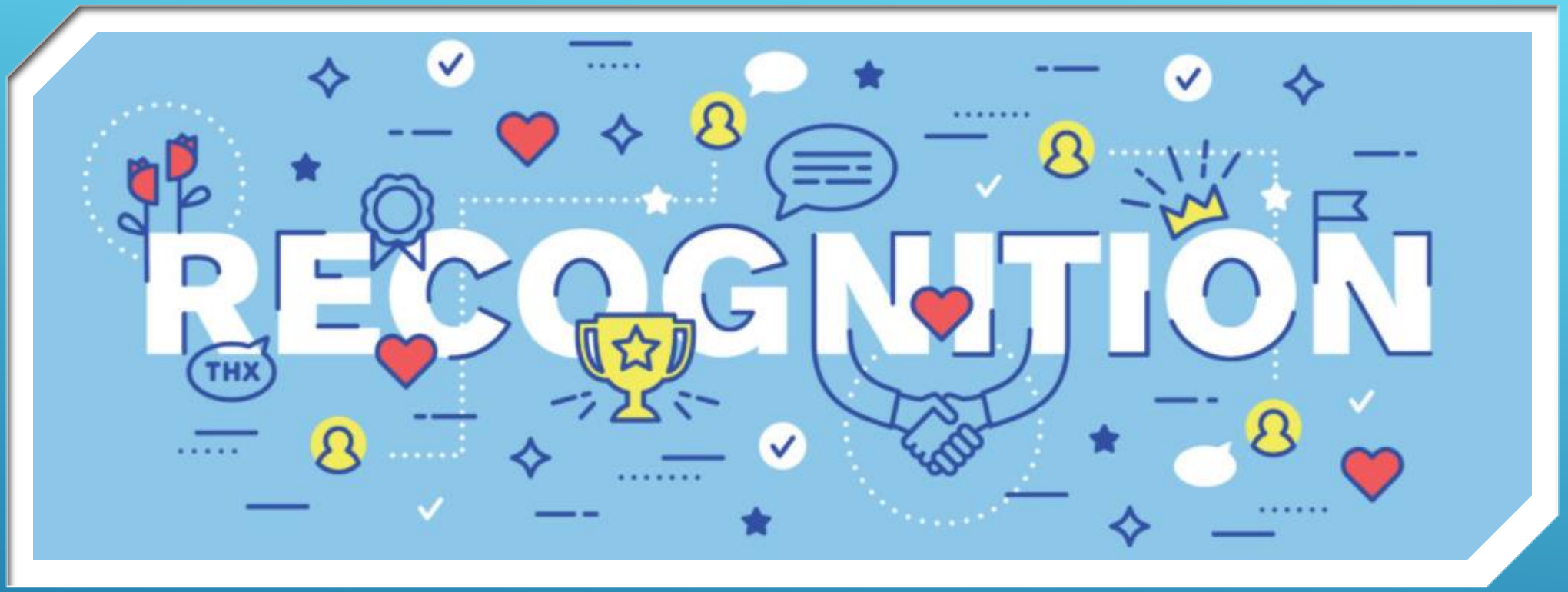
WORDS ARE NOT ENOUGH TO DESCRIBE OUR APPRECIATION OF ALL THAT YOU DO. THAK YOU LUZ!



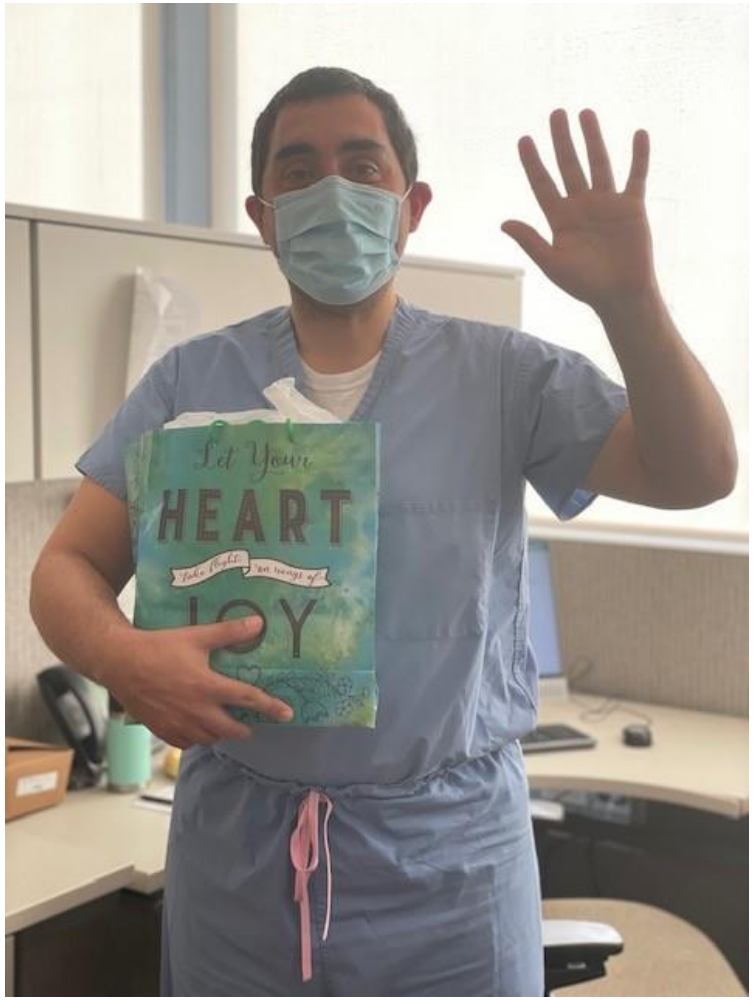
- **We are so lucky to have you Maria!**
- **Thank you for all you do!**

- Nelson Newberry 2/1
- Anima Mathur 2/13
- Parv Kaur 2/14
- Vincent Wong 2/23

FEBRUARY BIRTHDAYS



PHYSICIAN RECOGNITION



From: Saba Bayanzai <Noorsaba.X.Bayanzai@kp.org>
Sent: Thursday, February 3, 2022 9:40 AM
To: Chizoba R. Nwosu <Chizoba.R.Nwosu@kp.org>
Cc: Berlinia E. Leonor <Berlinia.E.Leonor@kp.org>
Subject: A call from a patient regarding Dr. K's care

Hi Dr. Nwsou,

Yesterday a patient called me to share her story about the care experience she had here at SLN. She was a COVID pt back in December. She stated she was so scared as she is young and a mom of 3; she thought she wasn't going to make it. She really appreciated Dr. K's expertise and how well he listened to her. He explained things very well and made her feel at ease. He treated her with respect and connected with her. She appreciated his professionalism and humanism. She sent over a few gifts, one was for him. I handed it to him today, but wanted to share this with you as this patient was very touched by him.

On Jan 25, 2022, at 12:53 PM, Trupti S Mehta <Trupti.Mehta@kp.org> wrote:

Hello leaders,
I'm writing to let you all know about the exceptional support that Dr Gee provided for my 80 yo patient with Stage 4 Ovarian cancer.
Patient had a referral for paracentesis and her appointment was to be this week. At my initial meeting last week, she was in significant distress with her ascites.
I messaged Dr Gee who was the HBS Proceduralist for the next day and Sherfong went out of her way to accommodate the patient that day.
When I spoke to the patient today, she was so happy with having her procedure moved up and the relief of all her distress and was very appreciative of how kind Sherfong was .

Thank you Sherfong for your help .

Take care

Trupti

Yasmeen Wengrow, MD Fremont Adult Family Medicine & Co-site Chief

African Americans are more likely to develop **diabetes** because of that they experience the long term side effects such as heart disease, stroke and kidney failure. It is important for the African American community to stay current with their health and be sure they are getting screenings and follow-ups regularly so that maintain healthy. Sometimes in our community we can get busy with our commitments to our families, spiritual life and jobs but its important for us to keep our health at the center of our lives. **Movement and nutrition remain the cornerstones to keeping your diabetes in control and most importantly keeping you healthy.**

Glenda Lovell, MD Fremont Adult Family Medicine

The death of Chadwick Boseman (well known for his lead role in "Black Panther") was devastating to the Black community. While his death was tragic, it also addressed inadequate knowledge of **colon cancer symptoms** among younger people, particularly in Black communities. African Americans are 20% more at risk to develop colon cancer at an earlier age and are 40% more likely to die from it than other populations. This means that any patient age 45 and above needs to be screened for colon cancer. Fit kits are one easy way to screen. If patients have already received a fit kit, please encourage them to mail it in. **Screening and prevention is key for detection!**

Douglas Boakye, DO GSAA Hospitalist

High blood pressure (hypertension) is one of the common medical conditions we see prevalent in African Americans. It is often called the "silent killer" because most people who have it do not experience any symptoms. And that silence can be deadly. About 90% of people who have hypertension when diagnosed have no identifiable course and more so in African Americans. Why is this so important? High blood pressure can cause stroke if it is untreated, bleeding in the brain, chest pains, heart attacks, heart failure and aortic dissection. During pregnancy, mothers can experience preeclampsia and after delivering may continue to have complications. **When we raise awareness, we mitigate the risks.** High blood pressure can often be prevented or reduced by taking medications and lifestyle modifications such as eating healthy, taking regular exercise and not smoking.

- Dr. Douglas Boakye featured in CCM & Quality February Newsletter for Spotlight on Black History Month and Wellness

KAISER PERMANENTE

NATIONAL HOSPITALIST DAY

MARCH 3, 2022

Kaiser San Leandro -
5th Floor, Room 54
Kaiser Fremont -
2nd Floor, Room 2SA-09

Palliative Care Survey Results

Dr. Anabel Hugh
Palliative Care Liaison

- How satisfied are you when consults are seen by MD – **4.44**
- How satisfied are you when consults are seen by an NP – **3.13**
- How satisfied are you when consults are seen by an RN – **2.69**
- How satisfied are you when consults are seen by a SW/Chaplain – **2.5**

(1 - unsatisfied, 2 - not very, 3 - satisfied, 4 - very, 5 – extremely)

Are you contacted **before** the patient is seen to discuss reason for consult?

More Details | Insights

Always	1
Sometimes	14
Never	1

Are you contacted **after** the patient is seen to discuss recommendations?

More Details | Insights

Always	5
Sometimes	10
Never	1

After discussing recommendations, who do you want to write orders? (choose one)

More Details

HBS	1
Palliative Care	15

When/If you put in a repeat consult, what is the reason? (can choose several)

More Details

Consult question not addresse...	8
Lack of follow-up during hosp...	9
Change in condition	15
Other	3

1. Quality of consult depending on provider:

- “inconsistency” between MD, NP, etc
- goals/long-term expectations for complex patients - “without sound clinical acumen and knowledge cannot confidently navigate these discussions”
- “anything more than code status/POLST discussion may require physician to discuss”
- "[setting] realistic goals for families"

2. Follow-up:

- "many patients need multiple conversations to make difficult decisions"
- "team follow up patients after they transition to comfort care while still hospitalized"
- “hoping for better follow up and ownership when consulted for pain control”
- "more focus on symptom management"
- "follow patients admitted to hospital inpatient when they are established outpatient with palliative care teams"
- "follow patients post hospital discharge to address any further declines before patient is readmitted."

3. Method of communication:

- Communication before/after consult
- "send message first before calling unless the call is urgent"
- AAM alerts – necessary to communication beforehand?

4. POLST Completion

Minutes of the Meeting
Next Steps

Folks who have not yet submitted their survey can still complete them.

Upcoming meeting between HBS and Palliative Care liaisons is scheduled in 2 weeks' time.

Further updates will be provided afterwards.

HBS Department Meeting Updates

JANUARY 2022

PERMANENTE MEDICINE®
The Permanente Medical Group

Feb 2022 Department Updates

Dr Parvinder Kaur

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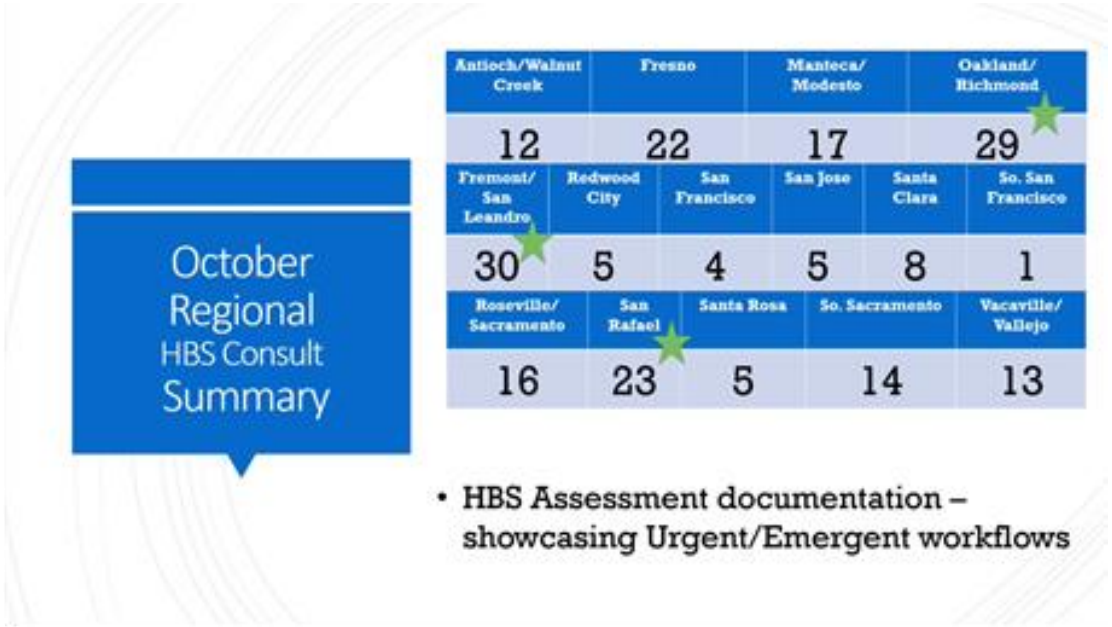
Agenda

- Senior Surgical Care
- Care Experience
- Diet Orders
- Med Recon/Communication
- SNF Updates
- POLST Documentation
- Readmissions- CHF Reminder

Senior Surgical Care

- Total Cases Till Date Since implementation:
  - 30/41 cases Completed – 73%
  - Missed in 11 cases – 27%
- Please complete senior Surgical Care assessment on patients 75 or older going for surgery



Recognition- 100 percent completion on all their senior surgical cases

- Sreekant Ambati
- Jennifer Tinloy
- Vincent Wong
- Eric Chen
- Harsh Patel
- Karuna Gudur
- Thomas Chen
- Mayank Amin
- Sandeep Lal
- Nelson Newberry
- Phong Vo
- Jabeen Parkar
- Hanane Ben Faras
- Eva Chen
- Anabel Hugh
- Oxana Bresker
- David Chiu

Care Experience

- Improvement in Overall Performance

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The Permanente Medical Group

Care Experience: Verbatim Comments from patients

10 Best possible RESP.DATE: 28 JANUARY 2022 ENC.DATE: 27 JANUARY 2022 COMMENT ADDED DATE: 8 FEBRUARY 2022 FACILITY: 2 WEST SLN PROVIDER: UNDEFINED SURVEY MODE: EMAIL QUESTION POD: INPATIENT NCAL MOST RECENT ACTIVITY: - NUMBER OF FOLLOW-UP ACTIONS: -

What Else Re: Experience:

Everything was very good. Thanks to all the staff for all their help, attention and professionalism and above all their patience and taking all the precautions to take care of the patients of all these variants of COVID. I can only thank them and thank them AND MANY BLESSINGS.

- Care Team - Courtesy/Respect
- Care Team - Recognition
- General - Recognition

10 Best possible RESP.DATE: 25 JANUARY 2022 ENC.DATE: 23 JANUARY 2022 COMMENT ADDED DATE: 25 JANUARY 2022 FACILITY: 5TH FLOOR SLN PROVIDER: UNDEFINED SURVEY MODE: EMAIL QUESTION POD: INPATIENT NCAL MOST RECENT ACTIVITY: - NUMBER OF FOLLOW-UP ACTIONS: -

What Else Re: Experience:

This hospital saved my life. The nurses, respiratory therapists, and doctors truly did everything they could to give me the best treatment so I could be alive today. I do not think I would be alive today if it wasn't for Dr. Ataie, nurse Yeny Morano, respiratory therapist Justin, Sean (just to name a few). Every single staff member treated me with respect and care which made me less scared to be in the hospital away from my family. The nurse management Saba Bayanzai also made me feel heard when she checked on me during her daily rounds. I cannot express enough gratitude to this hospital and staff. Thank you for saving my life and making me feel like I mattered during this difficult time.

- Care Team - Courtesy/Respect
- Care Team - Emotional Support
- Care Team - Involvement of Friends and Family
- Care Team - Professional Skill
- Care Team - Recognition
- Care Team - Responsiveness
- Facilities/Environment - Building Quality
- Nurse/Nurse Aide - Courtesy/Respect
- Nurse/Nurse Aide - Emotional Support
- Nurse/Nurse Aide - Involvement of Friends and Family
- Nurse/Nurse Aide - Professional Skill
- Nurse/Nurse Aide - Recognition
- Nurse/Nurse Aide - Responsiveness
- Provider - Professional Skill
- Provider - Recognition
- Provider - General

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Care Experience

San Leandro - All_Units

Data As Of: 2/23/2022

Performance Period: Oct'21 - Sep'22

CARE EXPERIENCE - Linear Mean	Baseline	2021 Target	Gap to Target	2022 PYTD	Oct-21 Close	Nov-21 Close	Dec-21 Open	Jan-22 Open	Feb-22 Open	Mar- Ope
HCAHPS: Overall Hospital Rating	89.2	89.2	-0.9	88.3	89.8	85.1	88.2	90.8	76.7	
HCAHPS: Recommend Hospital	90.2	90.6	-1.8	88.8	89.4	85.8	88.9	92.5	66.7	
HCAHPS: RN Comm.	90.0	89.7	0.6	90.3	93.1	87.2	90.0	90.8	88.9	
HCAHPS: MD Comm.	92.4	92.5	0.6	93.1	95.2	88.8	93.8	94.4	92.6	
HCAHPS: Cleanliness	87.8	86.9	2.2	89.1	91.5	86.3	86.7	91.7	88.9	
HCAHPS: Quiet	82.3	81.7	-1.6	80.1	80.9	80.3	72.6	87.5	77.8	
HCAHPS: Staff Responsiveness	83.9	82.4	0.4	82.8	85.3	78.0	83.7	84.7	66.7	
HCAHPS: Comm. about Med	78.2	78.3	2.6	80.9	86.7	79.3	79.8	77.8	66.7	
HCAHPS: Discharge Info.	85.7	87.1	-2.7	84.4	81.8	80.0	90.5	86.1	75.0	
HCAHPS: Care Transitions	81.6	81.8	-1.0	80.8	82.5	75.4	85.2	78.9	88.9	

Care Experience

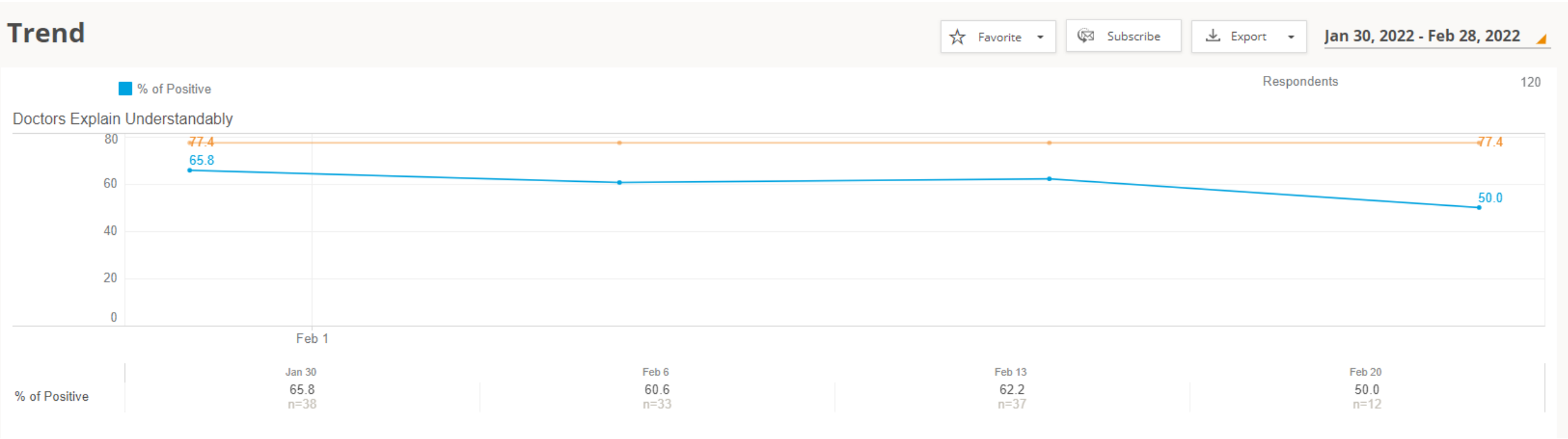
Fremont - All_Units

Data As Of: 2/23/2022

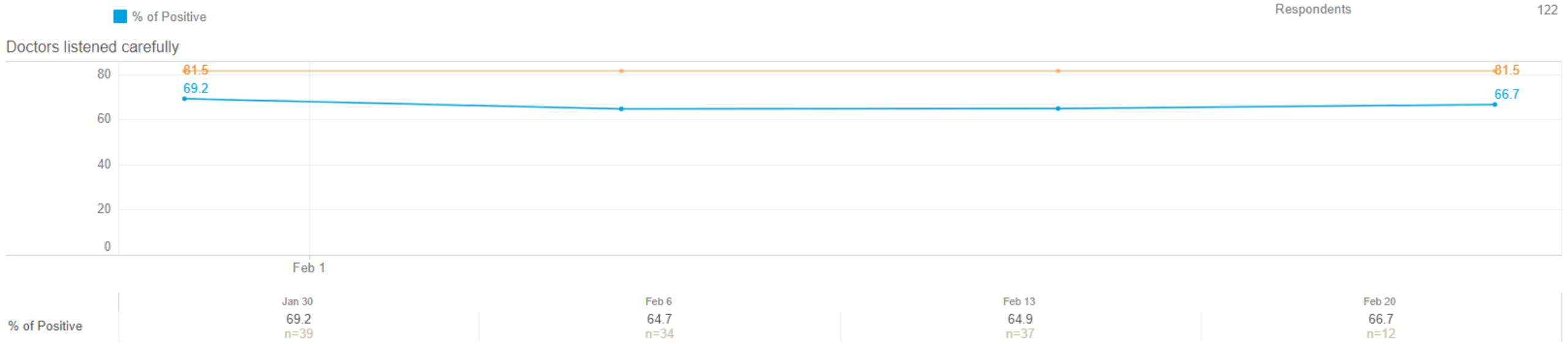
Performance Period: Oct'21 - Sep'22

CARE EXPERIENCE - Linear Mean	Baseline	2021 Target	Gap to Target	2022 PYTD	Oct-21 Close	Nov-21 Close	Dec-21 Open	Jan-22 Open	F
HCAHPS: Overall Hospital Rating	88.6	89.7	-2.6	87.1	87.6	85.8	86.5	89.4	
HCAHPS: Recommend Hospital	88.8	90.5	-3.1	87.4	87.3	88.5	86.1	88.6	
HCAHPS: RN Comm.	88.9	89.4	-1.0	88.4	86.0	88.8	89.0	90.1	
HCAHPS: MD Comm.	90.3	92.4	-2.5	89.9	90.1	90.6	90.4	87.8	
HCAHPS: Cleanliness	85.3	86.7	0.5	87.2	91.3	84.2	85.9	88.6	
HCAHPS: Quiet	78.2	77.8	-3.9	73.9	81.0	74.4	67.1	77.5	
HCAHPS: Staff Responsiveness	81.6	82.6	-3.9	78.7	79.3	77.1	79.0	80.6	
HCAHPS: Comm. about Med	73.5	76.5	-3.4	73.1	74.8	70.3	71.0	79.1	
HCAHPS: Discharge Info.	83.3	87.8	-1.4	86.4	83.2	84.3	88.9	89.4	
HCAHPS: Care Transitions	79.1	81.0	-2.4	78.6	78.1	77.4	79.4	79.6	

Care Experience

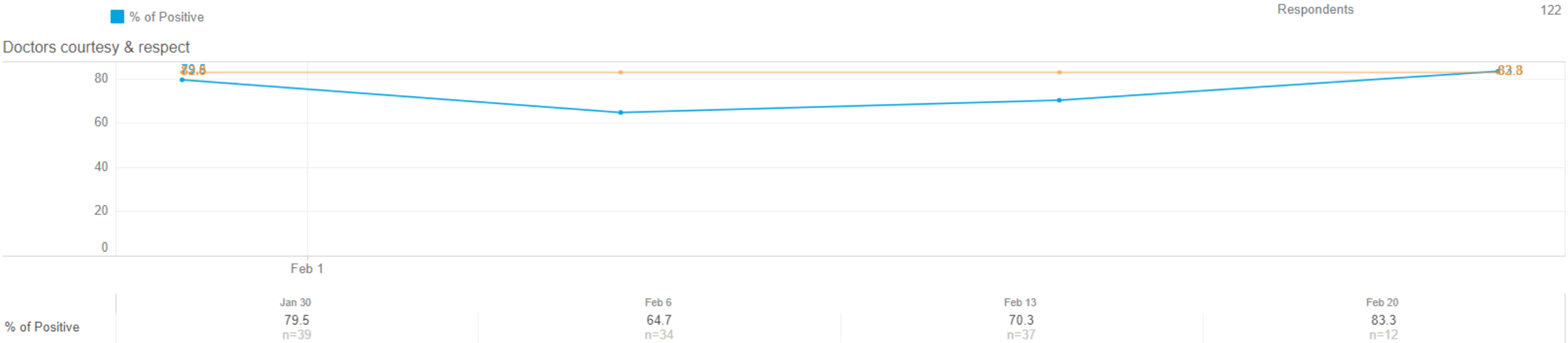


Care Experience

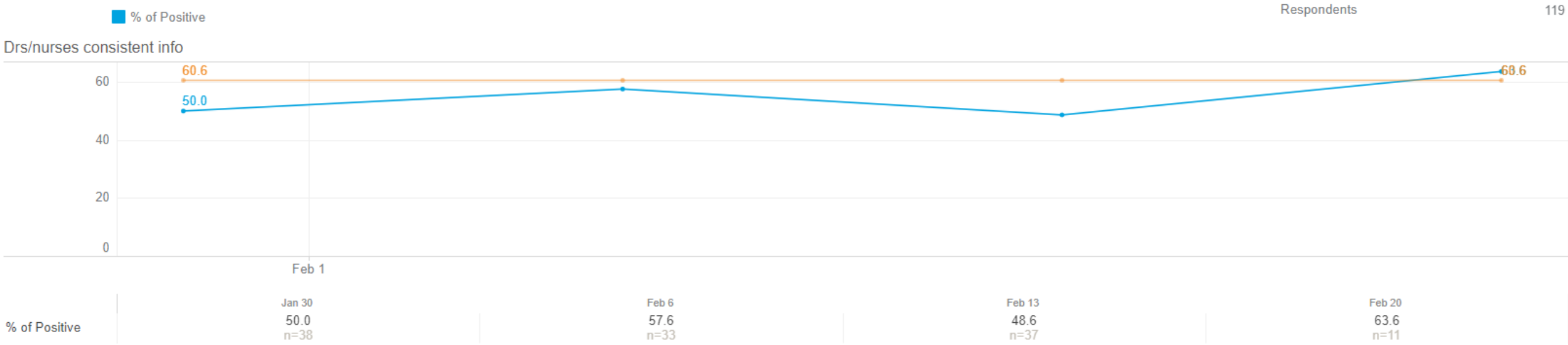


	Jan 30	Feb 6	Feb 13	Feb 20
% of Positive	69.2 n=39	64.7 n=34	64.9 n=37	66.7 n=12

Care Experience

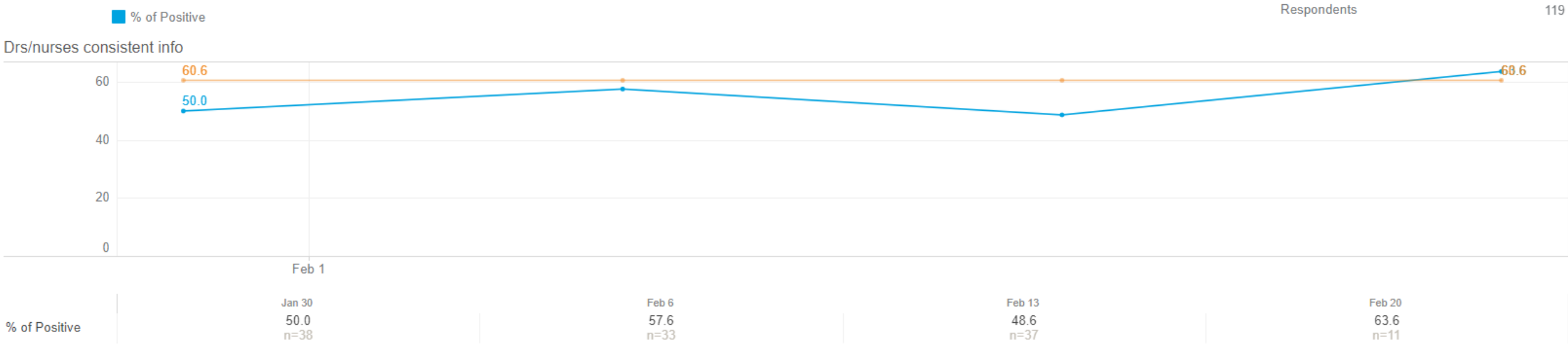


Care Experience



	Jan 30	Feb 6	Feb 13	Feb 20
% of Positive	50.0 n=38	57.6 n=33	48.6 n=37	63.6 n=11

Care Experience



	Jan 30	Feb 6	Feb 13	Feb 20
% of Positive	50.0 n=38	57.6 n=33	48.6 n=37	63.6 n=11

Care Experience

3

CLOSED: COMMENT OWNER: SALIL BHATNAGAR

RESP.DATE: 18 JANUARY 2022 ENC.DATE: 15 JANUARY 2022 COMMENT ADDED DATE: 20 JANUARY 2022 FACILITY: 2 WEST SLN PROVIDER: UNDEFINED SURVEY MODE: IVR QUESTION POD: INPATIENT NCAL MOST RECENT ACTIVITY: 20 JANUARY 2022

NUMBER OF FOLLOW-UP ACTIONS: 1

What Else Re: Experience:

I was treated very badly by 1/3 they wouldn't give me the **name** and it made my pain level goals shoot up and my blood pressure is Sky High the nurse supervisor came in to talk to me but she only tried to placate me and then she got really nervous when she saw how much pain is put me in and how behind my blood pressure went up and I don't think the news was ever disciplined and I would like to file a formal complaint.

TIPS on how we can Improve and Sustain our Performance

What exactly is AIDET?

AIDET is a framework to communicate with patients and their families. It is a simple acronym that represents a very powerful way to communicate with people who are often nervous, anxious and feeling vulnerable

A	Acknowledge
I	Introduce
D	Duration
E	Explanation
T	Thank You

Decreased Anxiety

+

Increased Compliance

=

Improved health outcomes & satisfaction

Every Employee, Every Patient, Every Time!

Acknowledge

Attitude is everything. Create a lasting impression.

•"Good morning, Ms. ***, My name is Dr. ***. I have my team here with me. Is it alright if we come in for care rounds?

Create impression you are glad to see them and anyone with them.

–Smile

–Make eye contact

–Greet person by name when possible:

–Greet anyone with the member

Introduce

Introduce yourself to others politely. Tell them who you are and how you are going to help them.

"My name is Dr. *** and I will be taking care of you during your hospital stay.

Duration

- Give approximate time duration
  - ➢How long before follow up?
- Tell them what is happening next
- If there is a delay, update them.
  - ➢People feel impatient after 17 minutes.

Keep in touch to ease waiting times. Let others know if there is a delay and how long it will be.

We will be in your room for approximately 5 minutes to go over your care plan with you as a team.

Explain

- Explaining tasks, processes, and procedures as happening
- Give clear expectations of what will be occurring and when

Explain why patient admitted. Elicit concerns of care team and patient. Ask for permission before physical exam. Explain what you are doing and checking for as you are completing exam.

Explain that to me

Thank

Thank them for:

- their unique contribution
- their patience
- choosing Kaiser Permanente

Ask if there is anything else that you can do for them

Thank somebody. Foster an attitude of gratitude. Thank people for their patronage, help or assistance.

"Thank you for allowing us to care for you today. Hope you feel better.

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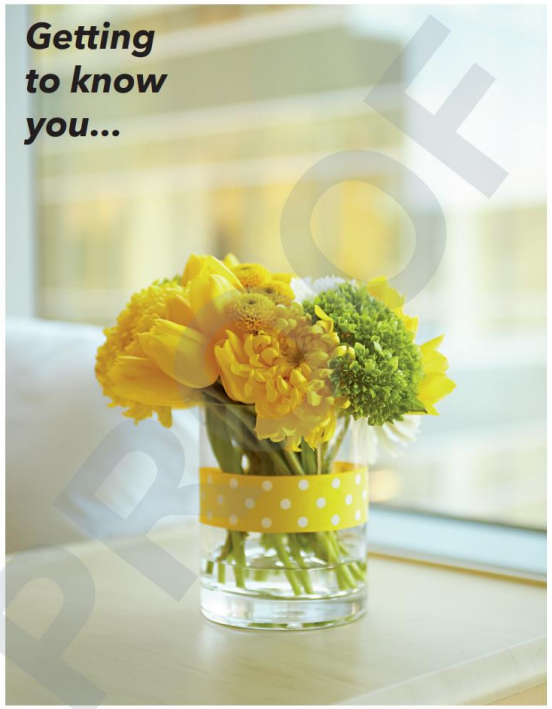
The Permanente Medical Group

Getting to Know You Form



Here at Kaiser Permanente San Leandro Medical Center, we are committed to providing you with the best care possible. Help our team get to know you better by answering these questions so we can personalize your care during your stay. Our team is fully dedicated to your health and wellness!

Please call me by:

My loved ones include:

My career is/was:

My favorite music, television show, book is:

My favorite food is:

I am happiest when I am doing this:

Things I'd like you to know about me:

- ✓ **Practice AIDET first!**
- ✓ **Pull the Getting to Know You Form from the wall**
- ✓ **Use patient's preferred name**
- ✓ **Use the information listed on form to establish personal connection**

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Care Experience – Opportunity Areas

8

CLOSED: COMMENT | OWNER: LANI SURUKI

RESP.DATE: 15 JANUARY 2022 | ENC.DATE: 12 JANUARY 2022 | COMMENT ADDED DATE: 15 JANUARY 2022 | FACILITY: 5TH FLOOR SLN | PROVIDER: UNDEFINED | SURVEY MODE: EMAIL | QUESTION POD: INPATIENT NCAL | MOST RECENT ACTIVITY: 17 JANUARY 2022

NUMBER OF FOLLOW-UP ACTIONS: -

What Else Re: Experience:

On my discharge day, the doctor did not come to my room to tell me that I was being discharge. Instead I get a phone call to my room that I was being discharged by some assistance. Couldn't understand what they were saying. Doctor did call me back on hospital phone to explain what happen to me during recovery and give me instructions. It would have been much better for the hospital doctor to come to my room to review and explain discharge instructions and not by phone.

- Provider - Communication
- Provider - Discharge/Checkout
- Provider - Info/Education

7

CLOSED: COMMENT | OWNER: LANI SURUKI

RESP.DATE: 14 JANUARY 2022 | ENC.DATE: 4 JANUARY 2022 | COMMENT ADDED DATE: 14 JANUARY 2022 | FACILITY: 5TH FLOOR SLN | PROVIDER: UNDEFINED | SURVEY MODE: EMAIL | QUESTION POD: INPATIENT NCAL | MOST RECENT ACTIVITY: 14 JANUARY 2022

NUMBER OF FOLLOW-UP ACTIONS: -

What Else Re: Experience:

Most of the nurses who cared for me seemed knowledgeable, efficient, and positive. However there were times when after pressing my call button, I had to wait 30 - 60 minutes for a response. At times it seemed as if the nursing staff was short-handed. My husband and I received supplies, information, and training in taking care of my colostomy bag and felt well=prepared for that. However we got very little instruction and no supplies for caring for my surgical wound. I watched one of the surgeons change my dressing, so I had some idea of what to do. After returning home, my husband had to go buy dressing supplies. The packet of information I received when discharged has been very helpful. The actual discharge was a bit rushed, with a number of items put into bags with no explanation of what the items were for. We did not see a home health nurse until a week after my return home, so my husband and I felt as if we were entirely on our own. Since then we have started visits with nurses and a physical therapist from Neogen. The physical therapist's first visit was very helpful.

Care Experience – Opportunity Areas - Discharge

- Communicate clearly on expected Discharge Day
- Plan on wound education/equipment education (Lovenox SQ., glucometer, insulin teaching etc.) early in hospital course.
- Let patient know day prior if planning for discharge next day
- Day of discharge, during MDR let patient know they are going, and you will complete the paperwork which the nurses will go over with them thoroughly.
- Explain changes in meds/instructions/care during MDR preferably at bedside.
- Do not promise on times- give rough estimates for time of discharge.

Minutes of Meeting
Diet Orders

- Physician Order –
- Place orders in health connect
  - Include your patients' preferences like vegan etc if possible. Ultimately nursing/Dietitian can change the order however this leads to delays to ordering of food.
  - Do not make entries (free text) in the comment section. It's NOT visible to the dietitians/dietary dept.
  - Include Fluid Restriction in the diet section (Routinely this are not selected in CHF patients)

- Technology – Health Connect Orders cascade into systems to filter menu options
  - On Demand Assistant
  - GWN
    - Patients can order through GWN (can self select)
  - Both systems filters based upon diet order – vegans will only see vegan options; no pork will filter out the pork options etc.

Minu

Med Recon

- Please remember to reconcile meds at admission and if not done complete document in note so rounder can do it
- Obtain list from SNF for SNF med recon- please have PCC help to get it faxed if not sent with patient from SNF

Remember to “Educate Before You Medicate Knowledge is the Best Medicine”

ASK THREE & TEACH THREE

What are the names of my medications?

What is the purpose of my medications?

What are the possible side effects of my medications?

GETWELL NETWORK

Ensure every patient watches **"Medication Safety: Recognizing Side Effects”** and completes understanding questions.

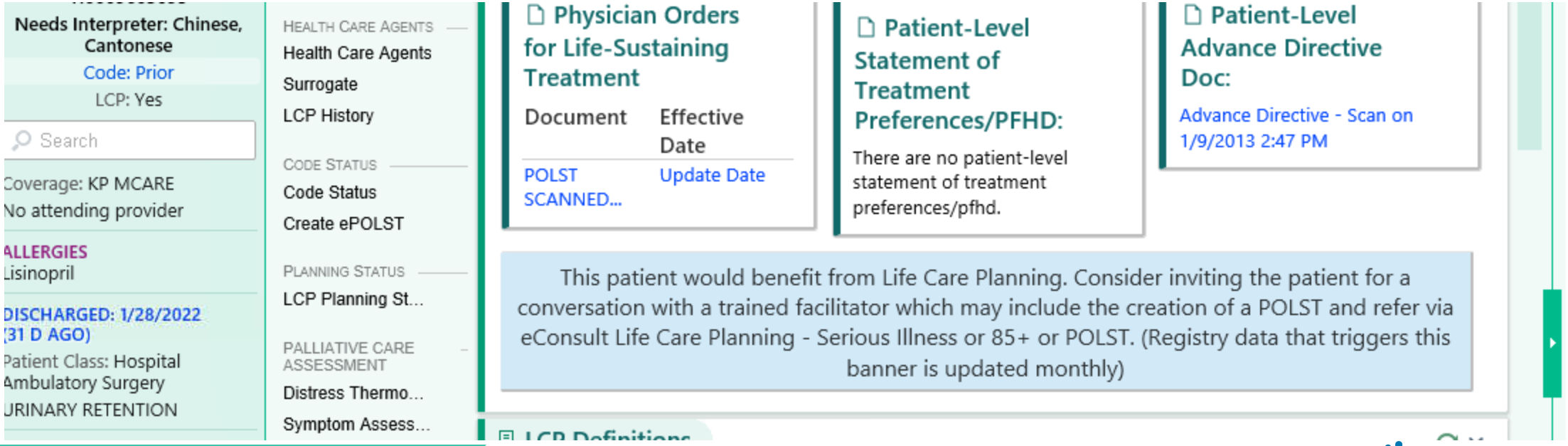
Ensure patients review new medications.

SNF Updates

- Please ensure you check all meds thoroughly
- Pain meds given instructions for first line, second line if using for same severity of pain (2 meds for severe pain)
- If you are consulting (ORTHO) please ensure you do med recon and make sure all medications related to medicine are on the AVS preview
- Please check AVS preview prior to discharge

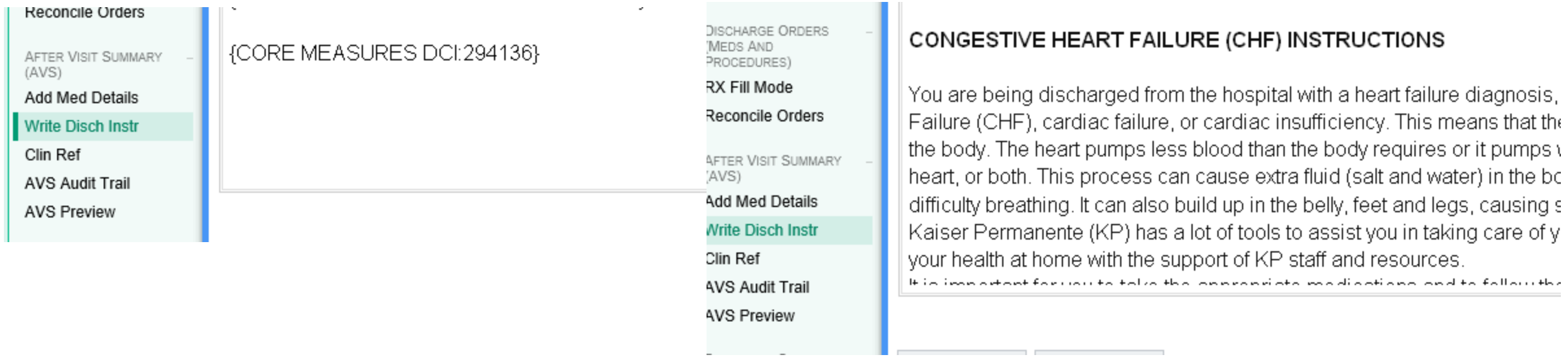
POLST

- Please review POLST prior to admission in LCP section
- If change in Code status prior, please place palliative care consult for goals of care
- Complete POLST prior to transfer back if changed



CHF CORE MEASURES

- Please complete CHF core measures on all patients admitted with hx of heart failure
- Ensure fluid restriction documented in Diet orders



POST HOSPITAL DISCHARGE APPOINTMENT

- Please schedule 2-5 days post hospital not 1-3 per AFM
- Video Visit strategy first
- Use your judgement if you think Direct Office Visit needed instead

HBS DEPT MEETING

FEB 28TH , 2022

Updates

AGENDA

Updated Cath Lab Activation work flow – Fremont.

Release of Summer vacation schedule

Update on Transitions and Hiring.

Miscellaneous

Future agenda for March

Cardiac Cath Lab Activation

Two forms of Activation

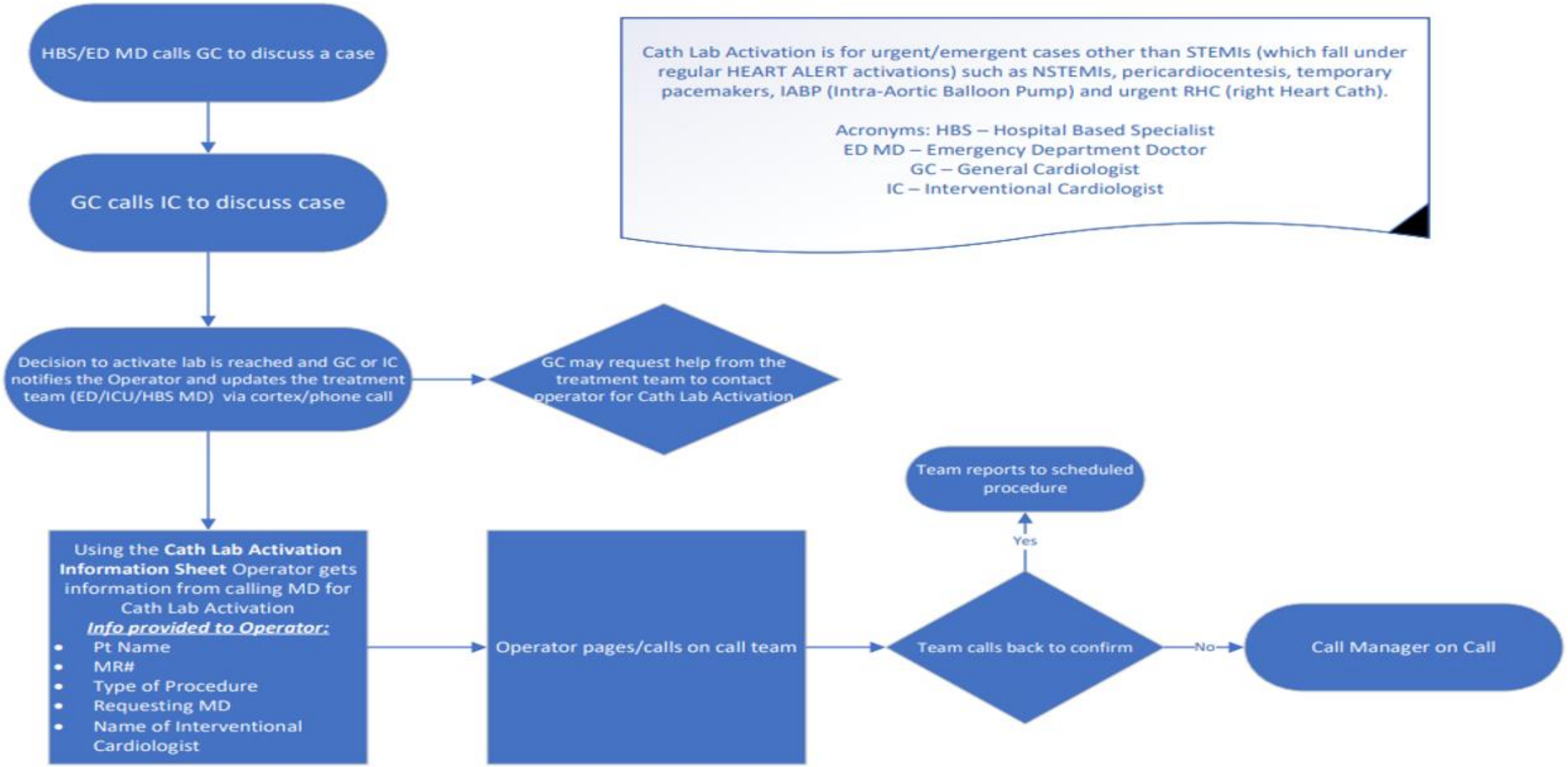
STEMI Activation

Urgent Cases other than STEMI such as

- NSTEMI,
- Pericardiocentesis,
- Temporary pacemaker
- IABP
- Urgent Right Heart cath

Effective Date 2/22/2022

Cath Lab Activation Workflow



Release Date for Summer Schedules

Month	Publish date
June 2022	March 9th
July 2022	March 22nd
August 2022- Sept 5th	April 5th

If the summer schedule is not released by April 5th, then vacation requests will need to be preapproved by the scheduler.
Expect a response from Luz with 48hrs of submitting your request for preapproval (Via E- mail only)

Update on Hiring/ Transitions

Newly Hired Pools/ Career Track	Pools Transitioning out by June 2022	Open Pool Positions
Lauren Yokomizo (Change in status from AFM to pool)	Hong Le	Currently 3 open Pools. Potential candidates are being reviewed.
Sandra Kong (Pool, Transfer from KP Roseville, Start Date May)	Shahad Chalaby	
Jin Yoo (Full time career, Start Date July)	Mei Sedki	
Ritu Bhatnagar (Transfer from KP Sacramento, Career track 0.6 FTE, start Date July	*Victor Chiu* *(Requested 6month leave from HBS work)*	
Andy Sevier (Increasing # of pool shifts from Aug.)	Rachna Bali (Transfer to KP Roseville in June)	

Miscellaneous

- Review of Nephrology Request on After hours Consultation schedule
- ICU Request for timing of MD assignment for ICU Downgrade
- Completion of RCFE form (Residential Care Facility for Elderly)
- End date for Free Meals.
- Post Winter Staffing Schedule
- PIC FTE support for Leadership series
- Census Management and Support for Medical Student Teaching Services
- March Incentive

Cont.d' Miscellaneous Minutes

- **Review of Nephrology Request on After Hours Consultation Request-** Per the group, the nephrology dept needs to come up with a consensus on when and how they should be contacted for non urgent issues. Dr Chiu will follow up.

- **ICU Request for change in name of attending to HBS after downgrade was rejected by majority of the group-** No change in work agreement. Instead, the group recommended that ICU team provide education to the med surg RN on who and when to contact them.

- **Online Completion of RCFE form -**Remains the responsibility of the MSW not Physicians . No change in workflow whether it's paper based or online.

- Free meals ends on March 7th.

- **Make note on changes in the schedule as we start down staffing-** . We will maintain a GSAA Backup Team (8a-6p) for any unforeseen circumstances that may force us to increase demand in either facility such as another surge. This takes effect in Mid May. (Date has been highlighted on AMION)

- Every physician will be receiving additional 2units as part of a physician self development , more to come.

- Robust discussion on what should be an ideal census for both teaching teams and how this can be supported by the entire dept: No consensus was reached. Discussion will be held with core teaching team to work out an agreement. The dept will be updated at the next meeting.

- March Incentive for senior partners will be paid out on March 11th, It's prorated based on FTE.

Upcoming Topics March

Review of POS Result

Update on roll out of ERM

Overview of HBS Budget Expenses

Evaluations for Non-Senior Physicians.

Update on Chart-Chat Etiquette.

Meeting adjourned @ 1700
Thanks