

Joint Conference Committee (JCC) Regulatory Affairs Status Report: **June 2016** (reporting period May 24 – June 21, 2016)

I. PENDING SURVEYS

- A. CMS/Joint Commission Validation Survey – (3 – 6 months after patient move date May 21st 2016)
- B. American College of Surgeons Trauma Reverification Survey - Scheduled for August 1 -2, 2016
- C. California Department of Public Health (CDPH) ZSFG Re- licensing Survey - unannounced
- D. Joint Commission Triennial Accreditation Survey – unannounced (Survey window July 1 2016 – July 28, 2017)

II. COMPLETED SURVEYS

- A. CDPH Triennial Hemodialysis Survey (May 6-10 2016) - 3 minor findings (awaiting official Statement of Deficiency report from CDPH)
- B. Office Based Opiate Treatment Program (June 21 -22,2016) – No findings

III. PLANS OF CORRECTIONS: Reports & Updates

A. May 10 - May 12 Opiate Treatment Outpatient Program (Corrective Action Plan submitted June 2 ,2014)

Opiate Treatment Outpatient Program		
Action Items :	Update(s):	Target Completion Date:
<p>There was a variance in our Methosoft documentation of .32% the total amount of Methadone given between 1/14/16 – 5/10/16. This amount is within the established norms for methadone provider programs across the state. (Discrepancy rate .50 %). The DEA requires that any discrepancy in methadone be reported.</p> <p>Will continue to carefully monitor and reconcile inventory daily All discrepancies will be reported to the DEA in a timely manner.</p>	<ul style="list-style-type: none">• 100 % compliance	<p>Implemented May 25th Ongoing surveillance</p>

<p><i>Clients admitted to the Opiate Treatment Outpatient Program Must receive baseline serology tests and screening for TB Exposure. During the survey it was noted in one medical record that the client did not receive their TB test until their second Visit to WD 93.</i></p> <p>An RN has been assigned to perform phlebotomy services in the event the clinic's phlebotomist is out. On the admission date, no order to dose will be placed before blood work and TB test is ordered and completed.</p>		<p>Implemented May 25th Ongoing surveillance</p>
<p><i>During the survey medical record review, it was noted that two clients did not receive the required fifty minute counselling sessions per month. The medical record did not contain adequate documentation noting the reason for the decreased counselling time.</i></p> <p>1. Audit tool developed to assure that the counsellor monthly requirements including 50 minutes of counselling units of service are completed monthly</p> <p>2. Patients who are identified as having poor attendance will meet with the charge nurse for administrative counselling. Administrative counselling is typically a non-punitive and collaborative approach to limit setting and problem solving.</p> <p>3. Counsellors and their clinical supervisors will discuss patients who are difficult to engage and/or resistant to counselling during clinical supervision.</p>	<ul style="list-style-type: none"> Monthly audits on the last week of every month to assure that client progress notes contain adequate documentation regarding the reason for shortened counselling sessions. 	<p>Implemented May 25th Ongoing surveillance</p>

IV. SITE VISITS

- A. 5/9/16 CDPH Complaint Investigation—Acute Inpatient Psych Staffing (POC submitted 6/1/16) * amended 2567 received 6/22/16.
- B. 6/13/16 CDPH site visit organizational self- reported incidents – Campus fall expect statement of deficiency.

V. SELF REPORTS

May 2016 –HAPUs **1**, Fall **1**, Assault **0**



ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center

RCA: Root Cause Analysis Overview

JCC

June 28, 2016



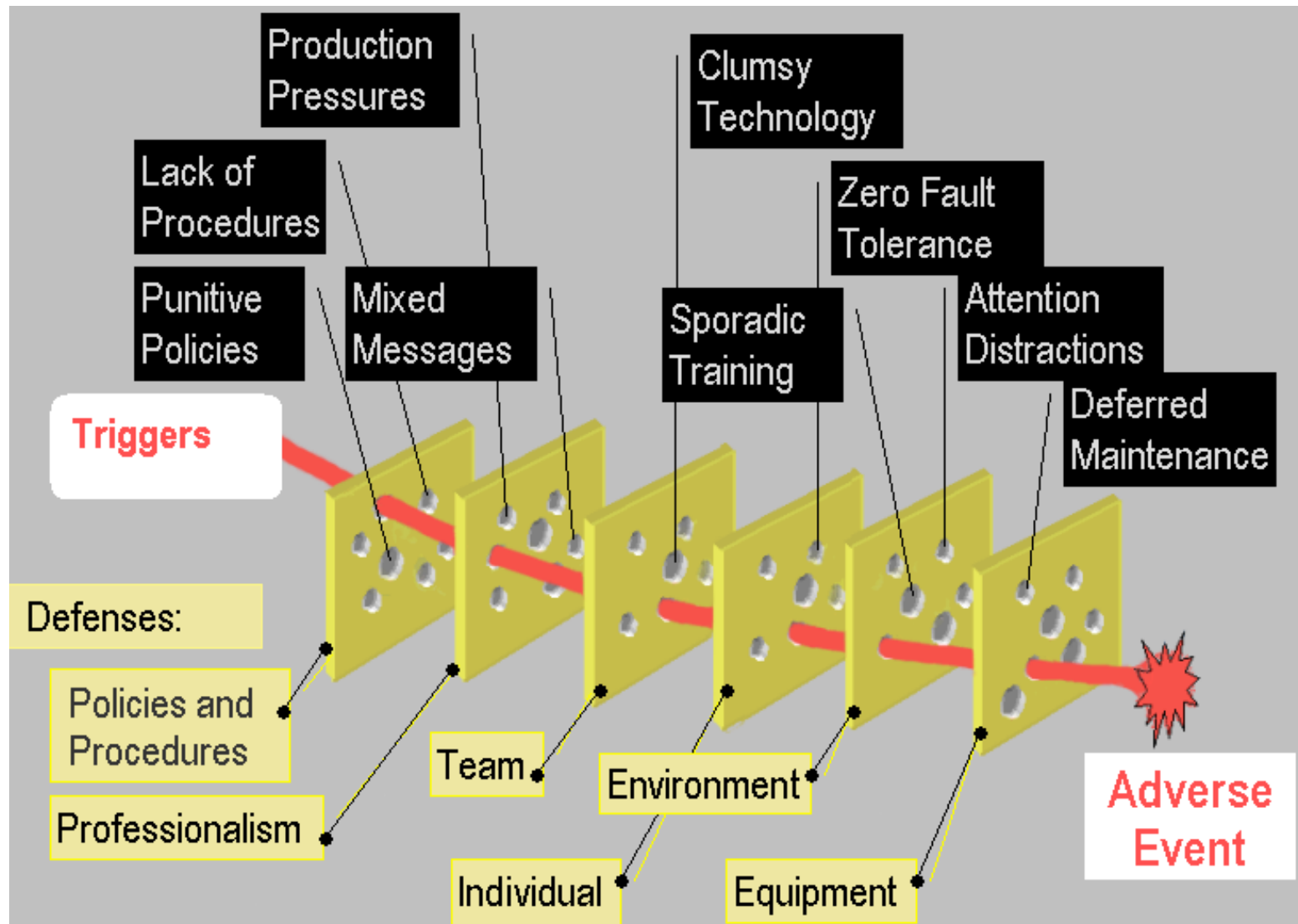
**San Francisco Department
of Public Health**

Goals of an RCA

Identification and implementation of sustainable system based improvement that make patient care safer

- Identify hazards and vulnerabilities that impact patient safety
- Identify system- based corrective actions
- Ensure timely execution of RCA and sustainable improvements
- Ensure follow-through
- Provide feedback to front-line
- Measure effectiveness of corrective actions

“Swiss Cheese”



Leadership Role

*“We can’t change the human condition,
but we can change the conditions under
which humans work.”*

James Reason, PhD, Author of *Managing the Risks of
Organization Accidents and Human Errors*

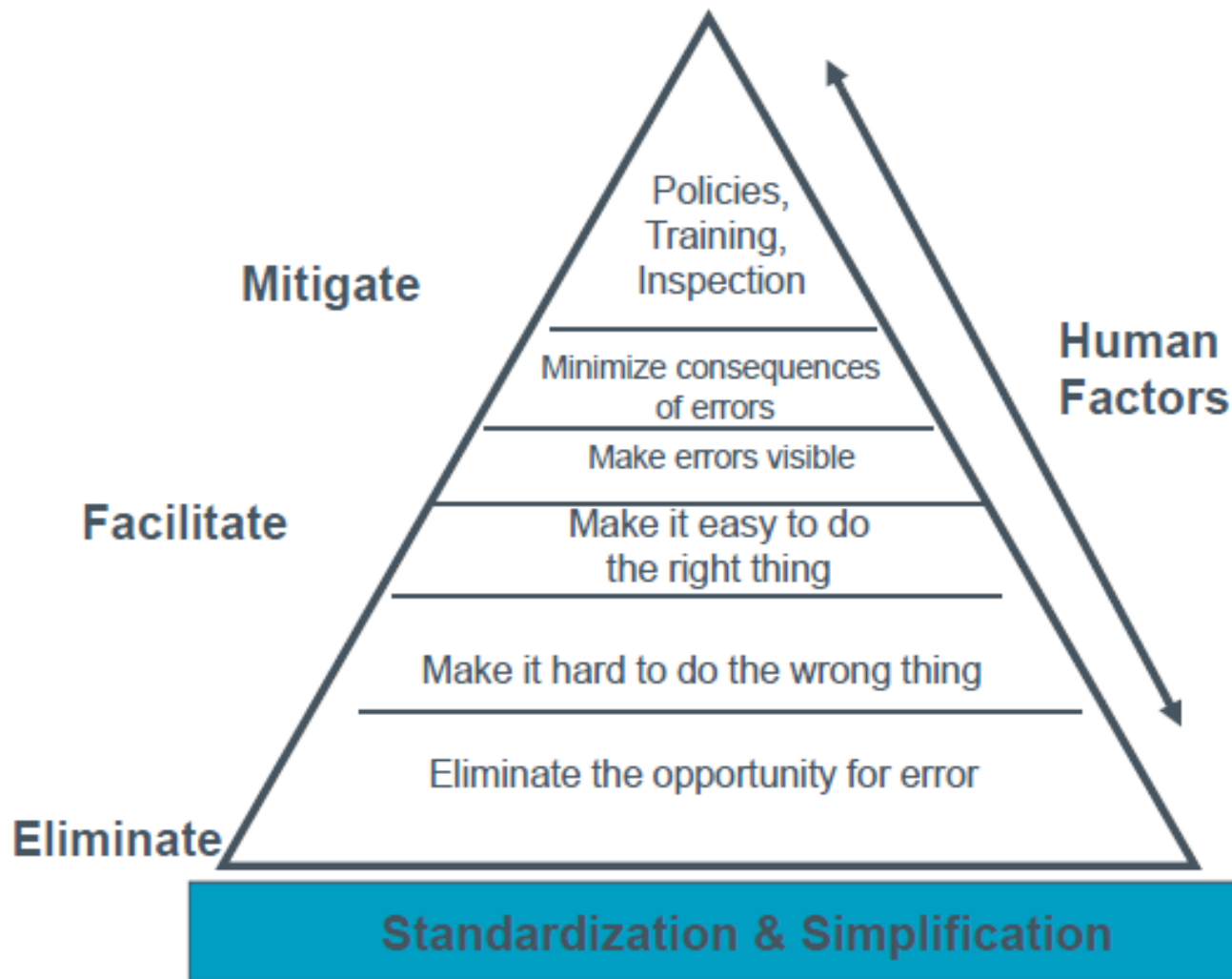
What to Avoid

- Determination of individual culpability is not the function of a patient safety system
 - Individual performance is a symptom of larger system-based issues
- Preventing errors means designing the system at all levels to make it safety
 - Team findings used for discipline/punishment of staff undermines trust in the system

Just Culture: Shared Accountability

Human Error	At Risk Behavior	Reckless Behavior
In advertent action: slip, lapse, mistake	A Choice: risk is not recognized or believed justified	Conscious disregard of unreasonable risk
Manage	Manage	Manage
<ul style="list-style-type: none">•Processes•Procedures•Training•Design	<ul style="list-style-type: none">•Removing incentives for at- risk behaviors•Create incentives for healthy behaviors•Increase situational awareness	Remedial Action, disciplinary action
CONSOLE/SUPPORT	COACH	PUNISH

Preventing Recurrence



RCA: 3-Step Model



GET THE FACTS

Go the Gemba
Review the chart
Interview Staff
Review applicable policies



ANALYZE WHY/HOW

Data Review
5 Why's
Process Map
Fishbone
Causation Map



ACTION/"KAIZEN"

Evidence Based
Best Practice
Implementation Plan
Monitoring Plan
PDSA

RCA: Written Summary Template

4 Sections

1. Basic Case Information and Reporting Calendar
2. Case Summary : Case facts and outcome
3. Analysis: Identification of system level causations
4. Action Plans: strategies that reduce or eliminate potential for recurrence

Risk Management Report
JCC Meeting: Date: 6/28/16

REVIEW AND REPORTING TIMELINE

Date of Incident: Date event occurred
Patient Initials **Event Type:**
CDPH Reported Event: Y/ N: 28 Never Events
RCA Due Date (within 45 days): Per TJC requirements
Disclosure Meeting: Required if Reported
RM Lead: **Department Lead:**

RCA #1: Facts/Case Summary
RCA#2: Analysis
RCA #3: Action Planning
RMC: **PIPS:**
MEC:
JCC:

CASE SUMMARY & PATIENT OUTCOME

Event Facts : Case summary based timeline, chart reviews, interviews

Outcome: Last known status of patient

ANALYSIS

Root Causes Analysis: A comprehensive systematic analysis will be reviewed for thoroughness, credibility, and Acceptability. A hospital's comprehensive systematic analysis should identify system vulnerabilities so that they can be eliminated or mitigated. The analysis should not focus on individual health care worker performance, but should seek out underlying systems level causations that were manifest in personnel-related performance issues.

- Clearly show the cause-and-effect relationship
- Human errors must have a preceding cause
- Violations of procedure are not root causes, but must have a preceding cause
- Failure to act is only causal when there is a preexisting duty to act

ACTION PLAN

Action Plan: The action plan identifies the strategies that the hospital intends to implement in order to reduce the risk of similar events occurring in the future. The plan must address the following:

- Identification of corrective actions to eliminate or control system hazards or vulnerabilities directly related to causal and contributory factors
- Responsibility for implementation

Immediate Corrective Actions: Any actions taken immediately following the event to prevent recurrence

Corrective Actions: Additional actions

Responsible Party: Direct party responsible for oversight of implementation and monitoring of action items

Future Considerations, Actions or Follow- Up