

**Laguna Honda Executive Committee Minutes
Quality Council
10/3/2017**

Attendees: Wilmie Hathaway, Janet Gillen, ChiaYu Ma, Jennifer Carton-Wade, Loretta Cecconi, Kate Durand, Heather Rudolph, Garrett Chatfield, Quoc Nguyen, Donna Valencia, Regina Gomez

Co-chair: Dr. McShane and Mivic Hirose

Guests: Karina Yip, Russell Nakai, Grace Chen

<u>ITEM</u>	<u>DISCUSSION</u>	<u>ACTION</u>
CALL TO ORDER		Meeting called to order by Dr. McShane at 9:45am
September 5, 2017 Minutes Approval	Meeting minutes reviewed for approval.	September 5, 2017 minutes approved.
Coaching Kata: Payroll-Based Journal (PBJ)	Quoc and PBJ Team provided an update on the A3 action plans. Goals met include: 1 st submission was sent, errors were fixed and subsequent quarterly submissions were error-free. Barriers include: getting RCT providers on OneStaff, eLM data is manual therefore manual data checks need to be done to compare eLM and OneStaff data. Hospital Compare website has PBJ data now available, which includes the staffing data. Anticipate first audit by CDPH Surveyors with the upcoming L&C Survey.	Next steps: 1) work with Payroll to automate data transfer 2) analyze what's needed and develop recommendation(s) for streamlining process and complete next quarterly submission in October
Report: Health and Safety Annual Report	Kate provided the annual report on health and safety. Refer to report handout for more details. Kate is working on the actions identified in the True North Employee Injuries A3, as well as the Resident Handling A3. The data on employee falls is sustaining at lower rate, which Kate plans to close out the A3 and complete a PI Storyboard. In FY16-17, Kate redesigned the health and safety training which is taught at new hospital orientation and is also offered to current employees. The intent is to create a grassroots change of culture. Other work in progress include workplace violence prevention, department specific safety committee for Environmental Services and hazardous drug exposure control.	Next steps: continue to complete action plans on the A3s led by Kate.
Report: Product Evaluation Committee	Russell provided a summary of how the Product Evaluation Committee works and its processes, including but not limited to the following: 1) the committee evaluates any new device, medical device, disposable equipment, new products including trials or gifts 2) meets monthly on the 3 rd Thursdays, 2-3pm in B104 3) average 10 to 12 in attendance 4) the committee doesn't allow vendors to attend the meetings 5) a staff champion is needed to trial a new product 6) if a product is approved by ZSFG, it can be implemented at LHH without trial 7) currently without a co-chair 8) goal is to look at cost savings through analyses and/or replacing products	Next steps: 1) reevaluate membership to consider frontline staff attendance 2) designate a co-chair 3) considering changing committee name to Value Analysis Committee

Coaching Kata: Pressure Ulcers	<p>Regina presented the True North Pressure Ulcers A3, which includes the following:</p> <ol style="list-style-type: none"> 1) currently not meeting goals and targets with CMS QM at 4.3% 2) interventions in progress are Braden Scale implementation, P&P revision, Licensed Nurses training and currently healing those admitted with a pressure ulcer in <100 days 3) problems or obstacles working on are addressing assessments by using the Braden Scale, resident nonadherence to the plan of care and presence of chronic anemia <p>Dr. McShane acknowledged Regina for providing a comprehensive report using the Coaching Kata standard work.</p>	<p>Next Steps:</p> <ol style="list-style-type: none"> 1) P&P revision and approval 2) Review CASPER data 3) Analyze heel pressure ulcers related to multi-podus boots use 4) Will review February 2018 CASPER data for the period of 7/1/17 to 12/31/17
Coaching Kata: ADL Decline	<p>Grace presented the ADL Decline A3, which includes the following:</p> <ol style="list-style-type: none"> 1) focus is on late loss ADLs in toileting and mobility 2) goal is to decrease rate below State and National CMS QM rates, currently at 10.9% (State is at 11%) 3) interventions in progress are DNCR revision implementation, pilot ADL coding on S4 receiving positive feedback from staff 4) problems or obstacles working on are addressing knowledge gap; planning a restorative class for nursing staff 	<p>Next Steps:</p> <ol style="list-style-type: none"> 1) Roll out ADL coding 2) Provide the restorative classes 3) Create standard work in MDS coding for licensed nurses 4) Plan to review CMS QMs end of the calendar year
Next Meeting	<p>November 7, 2017</p> <p>Refer to handout for the 11/7/17 Quality Council Agenda and presenters.</p>	<p>Meeting adjourned at 10:50am.</p>