

**Laguna Honda Executive Committee Minutes
Quality Council
8/7/2018**

Attendees: Donna Valencia, Elizabeth Dayrit, Kathleen MacKerrow, Jennifer Carton-Wade, Carolina Ong, Geraldine Mariano, Arnulfo Medina, Vince Lee, Kate Durand, Quoc Nguyen, Elizabeth Schindler, Louise Brooks-Houston, Peter Rosel

Chair and Recorder: Mivic Hirose

<u>ITEM</u>	<u>DISCUSSION</u>	<u>ACTION</u>
CALL TO ORDER		Meeting called to order at 10:03am
Minutes Approval	July 3, 2018 minutes reviewed and approved.	7/3/18 Quality Council meeting minutes were approved.
Completed PI Storyboard: FY 16-17 True North – Equity/Sexual Orientation and Gender Identification (SO/GI)	<p>Donna Valencia reported on DPH’s SO/GI Implementation and specific activities and workflows at Laguna Honda:</p> <ol style="list-style-type: none"> 1) LHH Licensed Nurses are designated to interview newly admitted residents of SO/GI preferences. 2) Admissions and Eligibility Staff are designated to enter the SO/GI information in Invision. 3) Four (4) specifically tailored curricula were developed. 4) Currently at 52% completion with Staff who were assigned the training module. Education Services are tracking progress and following up with departments. 5) Obtaining aggregate data is currently pending due to Information Technology resources priorities for the Epic Project. 	The Council thanked Donna, Education Services and the SO/Gi Team for completing the Equity True North on SO/GI.
Completed PI Storyboard: Fostering Staff Wellness and Resilience at the Laguna Honda Campus	<p>On behalf of the Trauma Informed Systems (TIS) Champions team at LHH, Mivic Hirose summarized the team’s improvement efforts that were identified as a result of the Transforming Trauma Informed Life Survey (TTIL) that was conducted by the DPH TIS Team in late 2016, and they are as follows:</p> <ol style="list-style-type: none"> 1) Development and approval of a hospital wide policy and procedure on Campus Employee Wellness. 2) A total of 16 communication workshops by the Department of Human Resources (DHR) Team were offered and provided to LHH staff, total of 273 participants. The curricula are now included in Education Services’ trainings. 3) A wellness hub on campus has been designated and is available for employees on campus to use. 4) Environmental Services has dedicated a workspace with computer workstations for its team members. 5) A wellness survey conducted end of CY 2017 showed engagement from staff and recommendations for wellness activities. 	<p>The Council thanked the TIS Team and Jennifer Carton-Wade as the Wellness Coordinator for their work on advocating for and supporting employee wellness activities.</p> <p>A Transforming Trauma Informed Survey is being planned for conducting by the DPH TIS Team for the beginning of CY 2019.</p> <p>The Language Diversity recommendation for guidelines is currently in progress and is being led by SFHN leadership. Work products developed by SFHN leadership will be a Department-wide initiative.</p>

ITEM	DISCUSSION	ACTION
Completed PI Storyboard: FY 17-18 Falls with Major Injury	<p>Kathleen MacKerrow presented improvement initiatives completed as part of the FY17-18's Falls with Major Injury A3 and they are as follows:</p> <ol style="list-style-type: none"> 1) Mobile fall rounds initiated in FY16-17 were sustained in FY17-18. 2) The process of timely root cause analysis review (RCA) within five business days of the fall with a major injury was initiated. At first, the Clinical Nurse Specialist initiated the RCA; by the end of the fiscal year, Nurse Managers began piloting leading the RCAs with their neighborhood nursing teams. 3) Recognition of neighborhoods that didn't have a fall with a major injury event for over a period of one year continued. 4) Kathleen MacKerrow presented a poster presentation at the Nurses Improving Care for Healthsystem Elders (NICHE) annual conference in April 2018. Conference participants learned from LHH's model and have communicated to Kathleen of their spread at their healthsystems and hospitals in the nation. <p>We did not meet the target for FY17-18 in terms of CMS rates (target was <1.2% and actual is 3.1%), which LHH is below the nation's rate (3.5%).</p>	<p>The Council thanked Kathleen for her work in sustaining improvements for the past year. The interventions will continue as planned.</p> <p>Next steps are as follows;</p> <ol style="list-style-type: none"> 1) For FY18-19, the falls performance metrics will be changed to using: a) falls with a major injury per 1,000 patient days and b) falls with per 1,000 patient days. 2) The standard work for conducting an RCA post fall with major injury will be finalized. 3) Collaboration with ZSFG in selecting a falls risk tool as part of the Epic implementation.
Annual Facility Assessment	<p>Vince Lee completed Laguna Honda's first annual facility assessment report, which he reviewed with today's meeting participants. The data reviewed were from FY16-17. Quality Council members provided input and feedback to the report, including but not limited to expanding rehabilitation services description, use of additional resources such as coaches and editing the quality measures action plans. If there are additional edits, Quality Council members to send to Vince.</p>	<p>The Council thanked Vince for completing the first facility assessment report. Lena Yue is learning from Vince and she is in the process of completing for the FY17-18 data.</p>
Annual Licensing and Certification (L&C) Survey Preparation	<p>Mivic, Geraldine, Beth and Donna summarized the facility's preparation plan for LHH's first Phase 2 CMS Long Term Care Requirements and New Survey Process, which we expect later in the Fall. Preparatory activities are as follows:</p> <ol style="list-style-type: none"> 1) Mock survey kick off is scheduled for this Friday, 8/10/18. 2) Entrance Checklist review was completed and individuals were requested to send the documents to Geraldine, who will be initiating this year's Entrance Checklist binder. 3) Critical Element Pathways will be sent to Department Managers and Directors as pertinent to their disciplines and critical decisions mentioned in each pathway. 	<p>The Phase 2 Skilled Nursing Facility Survey documents can be located in the shared drive to access as a resource by LHH staff and leaders.</p>
Next Meeting	September 4, 2018, 10am	Meeting adjourned at 11 am.