

**Laguna Honda Executive Committee Minutes
Quality Council
June 4, 2019**

Attendees: Quoc Nguyen, Michael McShane, Mivic, Hirose, Madonna Valencia, Nawz Talai, Vicky Lau, Angela Pownall-Elizalde, Kate Durand, John Grimes, Michelle Fouts, Edward Guina, Loretta Ceconni, Elizabeth Schindler, Ritchele Arnaldo, Arnulfo Medina, Olivia Thanh

Co-Chairs: Michael McShane and Quoc Nguyen

<u>ITEM</u>	<u>DISCUSSION</u>	<u>ACTION</u>
CALL TO ORDER	Meeting was called to order at 10:00AM	
Minutes Approval	5/7/19 minutes were reviewed and approved.	5/7/19 Quality Council meeting minutes were approved.
Overtime Variance A3	<p>Edward, Vicky, Ritchele, Quoc presented an update on their A3 on Overtime (OT) Variance. OT Variance is one of LHH's true north metric; reduce OT variance to 2%. Bulk of OT was nursing and food services. Ed, Vicky, Ritchele worked with each department lead to find solution to reduce OT.</p> <p>PI Storyboard was presented. Interventions to reduce OT variance included improving efficiency of coach usage, increasing monitoring of FMLA for compliance, maintaining cadence in hiring of as-needed staff, and decreasing the current vacancy rates. Coach program has established a detailed intake process, system for monitor/measuring, and have been piloting new program in N1, N4, and N6. To improve FMLA, respective departments have been working with Vicky to address issues that arise. Monitoring FMLA has improved with designated HR staff. For as-needed staff, Shannon has been assigned to work with HR to ensure an appropriate cadence for hiring. To decrease vacancy rates, process owners have worked with Eric to identify classification with the most vacancy. PCA vacancy has improved but the organization has still found filling PCA roles challenging due to the nature of the position.</p> <p>OT for this fiscal year has been trending down for this fiscal year from 7.5%-5.2% in Dec 2018. Coach program has been the leading indicator followed by vacancy rates for OT variance in the past three FY.</p> <p>Main reason for coach usage are risk for falls, impulsive behavior, intrusive behavior, aggression or elopement. <i>Please see below for Coach Program Analysis.</i></p> <p>Results have led to decrease of 42 coaches in July 2018 to 23 coaches in June 2019. Follow up include identifying metrics, creating minimum requirements/process for discontinuation, implement coach competencies, and adherence to allocated budget of 18 FTE coaches.</p>	<p>Clarification was asked regarding FMLA as change has not been as much as expected. Vicky explained the FMLA assessment process is rigorous evaluation process which has been reviewed with respective departments for improvement opportunities.</p> <p>No HR person to monitor FMLA until Oct-18 to monitor FMLA.</p> <p>Clarification was asked in regard to ensure there's data to backup coaching perceptions. UO is an indicator for downstream effectiveness of coaches.</p> <p>Clarification on how reduction of coaches was determined. There are coach rounds to review current use of coaches which is redone weekly to ensure residents who have coaches truly need them.</p> <p>Clarification if there will be a policy & procedure (P&P) that will be put in place to enact efforts. P&P will be reviewed at next NEC and will be shared with care team leaders for transparency and expectations for coaches.</p> <p>Please see below for Coach Program Analysis.</p> <p>Quality Council thanked Edward, Vicky, Ritchele and Quoc for presenting.</p>
Coaches Program Presentation	<p>Olivia presented PPT on Coaches Program Analysis.</p> <p>The findings include:</p> <p>Background – LHH has historically not accepted residents with identified coaching needs. However, LHH did provide 1-1 coaches for residents who're identified at risk for</p>	<p>Clarification with number of coach hours to hospital-wide falls. There has been no effect hospital-wide with coaches.</p>

	<p>falls, elopement, and behavioral concerns with 7 FTEs. In February 2015, a change in network demand changed LHH process to accepting residents with identified coaching needs. Although there was an increase of allotted FTEs to 18, the program had not officially established guidelines and expectations.</p> <p>Analysis – The coach program has grown and is now the leading reason for OT variance. Total coach hours have increase by 82% from 2016-2018 causing a 92% increase in cost of the overall program (4.1 to 7.9 million). From 01/2016-02/2019, LHH’s Coach Program has served 125 residents, a 94% increase in number of residents requiring coaches from 2016-2018. 40% of residents use coaches between 0-3 months. 65% of residents in the coach program are assigned one post admission. The leading indicator for a coach is risk for falls. NM, PM, and N6 are the three leading units in coach use. From 01/2016-02/2019, there were 136 UOs from residents with coaches. Falls make up 38% (51) of the 136 UOs. Looking at unique MRNs, 28% of residents in the coach program have a UO. 20% of residents in coach program have a UO related to falls.</p> <p>Key Findings – The Coaches program has been the leading reason for OT variance for the last three fiscal years, averaging 105,762 per resident per year. While almost 30% of our residents in the coach program have had a UO related incident with 1 in 5 having a fall related UO. The use of coaches has nearly doubled over the past three years but has not yet developed an appropriate system to monitor and measure the impact and effectiveness of the program.</p> <p>Recommendations - identifying key performance metrics to continually monitor the impact of coaches, establish minimum requirements/guidelines for coach use and a process for discontinuation from the program, monitor coach competencies, develop performance guidelines/expectations for coaches, and adhere to allocated budget (18 FTE coaches).</p>	<p>Request for more historical data on residents who are at risk for falls to compare weighted scores. Identified barrier to collecting requested data; requires heavy manual labor. However, once Epic is implemented, it will allow analyst to be able to properly monitor and provide snapshot of those who have identified risk for falls at any given time.</p> <p>Clarification that new practice change began early March. Thurs, presentation does not reflect new changes made in OT Variance A3.</p> <p>Identified that “gate-keeper” is needed during admission to ensure Laguna Honda takes in appropriate residents.</p> <p>Quality Council thanked Olivia for presenting.</p>
<p>Medication Administration Safety Improvement</p>	<p>Madonna presented on Medication Administration Safety Improvement countermeasure summary.</p> <p>Historical data – started spot check from May to June 2019 with 170 observations.</p> <p>Stratified data include the categories; medication was pre poured, narcotic stored inappropriately, medication placed in pocket, left medication unattended, and left cart unattended.</p> <p>Countermeasure was generated for each root cause. Countermeasures include: Memos generated, standard work created, revised competency checklist to include controlled substance handling, spot check process, identifying leads on N1 to pilot spot check, medication simplification, increased training for all, and QA initiated.</p>	<p>Discussion in how staff are responding to changes. Donna reports that overall awareness has improved, and more data is to be collected to report on compliance.</p> <p>Quality Council thanked Donna for presenting.</p>
<p>2-Star Rating</p>	<p>Quoc presented on updated CMS Star Rating.</p> <p>In March 2019, LHH was 4-star rating overall. As of April 2019, we are down to two stars. Star rating system is done by CMS. Overall rating is reflected based on three</p>	<p>Clarification that rating was changed yearly although inspections occur throughout the year.</p> <p>Quality Council thanked Quoc for presenting.</p>

	<p>performance categories; staffing levels, quality measures, and health inspections. CMS averages the three numbers to get composite.</p> <p>Staffing levels and quality measures were rated at 5 while health inspection rated at 1. Fire incident has brought our health inspection score to 1. Although other two categories are at 5, we totaled 2. CMS does not account for facility size. Health deficiency points are based on severity and scope. The fire incidents has severely impacted our score.</p> <p>It will take LHH till 2021 to improve above a 2-star overall rating.</p>	
Next Meeting	Meeting adjourned at 11:01AM	