

Laguna Honda Executive Committee Minutes
Quality Council
May 5, 2019

Attendees: Quoc Nguyen, Jennifer Carton-Wade, Elizabeth Schindler, Nawz Talai, Donna Valencia, Vicky Lau, Angela Pownall-Elizalde, Kate Durand, Mivic Hirose, John Grimes, Olivia Thanh, Emilyn Ostrea, Wilmie Hathaway, Gary Cozzi, Loretta Ceconni, Garrett Chatfield, Lena Yue, Diana Kenyon, Michelle Fouts

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 10:02AM.	
Minutes Approval	4/2/19 minutes were reviewed and approved.	4/2/19 Quality Council meeting minutes were approved.
True North Q3 Update	<p>Olivia provided Q3 updates for Laguna Honda's True North Metrics. They are as follows:</p> <p>Quality – 16 resident harm events. We are meeting on target.</p> <p>Safety – 11 employee harm events. We are currently not on target.</p> <p>Care Experience – 100% patient satisfaction. We are currently on target.</p> <p>Workforce – Data is collected annually. Currently no data provided. We are still using Press Ganey and will receive the survey by end of year.</p> <p>Financial Stewardship – 4.3% overtime variance. We are currently not on target.</p> <p>Equity – 71.8% of Black African American with a hypertension diagnosis are within their control guidelines. We are currently not on target. John reported that there has been a slight increase</p>	<p>Quality Council thanked Olivia.</p> <p>There will be True North Countermeasure requested for metrics that are not meeting goals.</p>
Preventative Maintenance	<p>Gary Cozzi reported on Clinical Service's Preventative Maintenance. There are 3 items pending for electrical check (ABG machine, cough assist machine, and EKG machine). They have a 83%</p> <p>Diana Kenyon reported for Facilities Service's Preventative Maintenance. Total number of asset with PM tag are 1277 and 51 new Stryker beds. Reported difficulty to track all 1277 equipment.</p> <p>Lena provided explanation on Preventative Maintenance QAPI sheet to better understand how preventative maintenance is being tracked. Clarified which department will report for Rehab/Nursing's equipment. Equipment should be reported by those who use it. Nursing owns patient care equipment and facilities will own their own facilities equipment.</p>	<p>Quality Council thanked Gary and Diana.</p> <p>Suggestion was made to make each equipment a sub-category to change can be easier to track.</p> <p>Facilities will meet with Nursing to clarify and confirm which equipment belongs to which department.</p>
Education/Training Completion Rates Update: (1)Trauma-Informed Care, (2) Infection Control, and (3) Compliance and Ethics Program	<p>Emilyn reported Trauma-Informed Care completion rate has been 100% from January to March. In April, completion rate dropped to 97% due to Epic activity.</p> <p>Compliance and Ethics completion rate has been 44% but this has been due to miscommunication between Controllers Office and difficulty with access on Internet Explorer. Staff were unable to complete due to computer issues. DET has informed staff to utilize Chrome to finish training but staff have been confused and have not been able to complete training. Bulk of non-completion is with Nursing.</p> <p>Emilyn had proposed no more read and sign to encourage more computer usage with Council's support.</p> <p>Cisco phones will be on units by 5/13/19 to be available for staff to use for training.</p>	<p>Quality Council thanked Emilyn.</p> <p>Garrett offered assistance to DET to improved completion rate as well as provide extra communication to clarify process.</p> <p>Concern regarding compliance accuracy was brought up. Suggested directed follow up to ensure staff are compliant with eLM trainings. Additional QA checks by managers was suggested in addition to DET's QA check. If discrepancy was found,</p>

		information should be reported back to DET. Suggestion was made to display names in A300 so managers are aware of completion rates. 56% completion and would like follow up on completion rate in 6 weeks. Donna will discuss with Amie tomorrow, 5/8/19, to announce tier follow up at Leadership Forum.
Smoking Safety Committee A3 Catchball	<p>Donna presented on Resident Smoking Safety. Kate began with catchball questions. Safety smoking committee is focusing on Regulatory Corrective Plan of Action (completed), Resident Education (initiated), Smoking Assessment and Care Planning (initiated), and Temporary Designated Smoking Area (initiated).</p> <p>Plan has been established and in motion to introduce smoking cessation class, smoking policy, assessment in Epic, smoking schedule, educational workshops, structure of horseshoe lot, data collection, standard work, and collaboration with SFSD.</p> <p>Current condition is we still have altercations, facilities related incidents, and information gathered reveals concerns for visitors that join the area. 107 smokers total. From 10AM to 2PM is when we get the most smokers. Majority of smokers are smoking in designated area, small number of smokers are smoking outside of smoking area.</p> <p>Challenges include individuals who are sneaking around lighters or smoking in non-smoking areas.</p> <p>Requested for RCT members to suggest residents who would be a good candidate for smoking cessation classes. As well, for individual resident smoking schedule, Donna requested for assistance from each resident for trial and error.</p>	<p>Quality Council thanked Donna.</p> <p>Suggestion was provided to not blame with concerns of smoke coming in through the front door and how LHH community can work together to address these concerns.</p> <p>Suggestion was made to engage smokers to attend an alternative activity instead of hanging around smoking area after their scheduled areas.</p>
Next Meeting	Meeting adjourned at 11:01AM.	