

QUALITY COUNCIL
March 15, 2016

CO-CHAIRS: Will Huen, Roland Pickens

ATTENDANCE:

Present: Jenna Bilinski, Susan Brajkovic, Terry Dentoni, Virginia Elizondo, Thomas Holton, Will Huen, , Tina Lee, Todd May, Kim Nguyen, Troy Williams, Lann Wilder, David Woods

QM/KPO Staff: Valerie Chan, David Kutys, Emma Moore, Jessica Morton, Jignasa Pancholy, Leslie Safier, Anh Pham, Stephanie Chigos

Excused: None.

Guests: Daisy Aguallo, Samuel Hoffman, Leon Ho, Reid Kennedy, Lane Mikula, Roger Mohamed (for Margaret Damiano), Baljeet Sangha, Edith Gamboa

Absent: Brent Andrew, Max Bunuan, Sue Carlisle, Karen Hill, Valerie Inouye, Shermineh Jafarih, Aiyana Johnson, Jay Kloo, Jim Marks, Roland Pickens, Basil Price, Iman Nazeeri-Simmons

AGENDA ITEM	DISCUSSION	DECISION/ACTION
I. Call To Order	Will Huen and Troy Williams called the meeting to order at 10:05AM.	Informational.
II. Minutes	The minutes of the February 16, 2016 meeting were reviewed by the committee.	The minutes were approved.
III. Policies and Procedures	There were no Administrative Policies and Procedures requiring content approval.	
IV. Vizient Hospital Engagement Network Introduction	Tom Holton, Patient Safety Officer, presented an introduction to the Vizient Hospital Engagement Network (HEN). ZSFG has joined this HEN; our participation will provide opportunities to collaborate with other hospitals, as well as provide benchmarks. Work associated with 10 different harm groups, including hospital acquired pressure ulcers, surgical site infections, and falls with injury, is included. ZSFG is required to collect one process measure and one outcome measure for each harm group.	ZSFG aims to begin reporting data in March. Benchmarks should be available in March or April, and will be shared with stakeholders.

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<p>V. Materials Management</p>	<p>Baljeet Sangha presented the department report.</p> <p><u>Accomplishments</u></p> <ul style="list-style-type: none"> Materials Management has developed standard work for purchasing and the central processing department (CPD). This has improved staff satisfaction and strengthened the Materials Management team. <p><u>Challenges:</u></p> <ul style="list-style-type: none"> Materials Management does not have the FTE allotment for their department completely filled. Materials Management is partnering with Human Resources to address this issue. <p><u>Highlights of Materials Management PI Indicators:</u></p> <p><u>Quality</u></p> <p><u>TITLE: Decrease the Value of Expired Items</u></p> <p><u>AIM: Decrease the value of expired items to 1% of total inventory per month (\$10,727) by June 2016.</u></p> <p><u>STATUS: In progress.</u></p> <ul style="list-style-type: none"> There is significant monthly variation in the value and quantity of expired items. July-October 2015 had minimal expired items, and the target was met. November 2015-February 2016 had an increase in expired items, and the target was not met. In February 2016, there were 640 expired items representing a value of \$30,033. The majority of the value (\$21,838) represents dialysis catheters brought into the inventory at the request of the end user and never used. MM leadership reviews the expired items data during the monthly MM Accountability Review meetings. During this review, an analysis is done to identify which departments and clinics are originators of expired items. When these items are higher than our target, MM communicates with end users on ordering errors and works with those end users to further define and agree upon unit of measure standardization and adjust PAR levels. 	<p>Continue research with like-hospitals to identify specific goals for expired products.</p> <p>Shadow staff to ensure correct product rotation to reduce the burden of expired products (First In First Out principle)</p> <p>Continue with PAR optimization.</p>

AGENDA ITEM	DISCUSSION	DECISION/ACTION
	<p><i>Financial Stewardship</i> <u>TITLE: Improving Inventory Tracking Controls in Central Processing & Distribution (CPD)</u> <u>AIM 1: Increase cycle count accuracy to 75% by 7/2016 and 95% by 7/2017.</u> <u>AIM 2: Centralize supply storage from multiple locations to 2 consistent locations by 12/2015</u> <u>STATUS: AIM 1 in progress. Goal met for AIM 2.</u></p> <ul style="list-style-type: none"> • Supply storage has been standardized in Building 5 Warehouse and CPD • From June 2015 to February 2016, cycle count accuracy ranged from 17.7% (June 2015) to 68.7% (December 2015). There was an increase in cycle count accuracy in October – November 2015; however, January and February have seen reductions in cycle count accuracy. • The decrease in accuracy in January (28.7%) and February (21.6%) can be attributed to decreased staff availability. Due to staff promotions and FMLA, materials management was unable to physically restock items into CPD; items remained in the receiving area. Providing supplies from CPD store room to Building 25 and existing units was prioritized over stocking the daily delivery of items from receiving area to CPD inventory. Cycle count investigations and manual reconciliations by the CPD Supervisor did not occur due to extended sick leave. Thus, items from the receiving area were not counted as part of the physical count in CPD. • The inability to backfill staff is a result of inefficient departmental coordination of Form 3 submissions and hiring panels, not a reflection of HR support or quantity of positions budgeted. • The technology employed by Materials Management does not add the quantities of items in multiple locations into a cumulative amount. This creates a need for cycle count investigations and manual reconciliations. 	<p>Implement 11AM deadline to deliver stock to CPD from receiving area to assist with the accuracy of the cycle counts when performed</p> <p>Primary investigator of cycle count reconciliations to develop standard work so that investigations may continue in her absence</p> <p>Work closely with HR to improve Materials Management Leadership planning to fill outstanding vacancies</p> <p>Align with the CCSF-Controller's Office CCSF wide replacement of City's Financial Management Solution, called the Financial System Project (FSP). FSP is the new, Oracle, PeopleSoft Financial Management Solution. MM will replace McKesson PMM with the</p>

AGENDA ITEM	DISCUSSION	DECISION/ACTION
	<p><i>Developing People</i> <u>TITLE: Staff Education and Training, Improvement Tracking</u> <u>AIM: Documented training by Assistant Storekeepers (1932s) to be 100% completed by December 2015.</u> <u>STATUS: Goal not met.</u></p> <ul style="list-style-type: none"> • While staff were trained, the training was not documented centrally prior to FY1516. In Q2 FY1516, 87.3% Assistant Storekeeper staff had training module documentation. • Each Assistant Storekeeper is required to complete 27 training modules. These modules include items such as communication, emergency response plan, cycle counts, stocking, and crash cart replenishment. • It should be noted that this is a rolling process, and the percentage will dip automatically when a new staff member joins; this means that it is unlikely that the percentage would stay 100% over time. • There were delays in completion of the leadership presentation final training module due to competing priorities for Operationals Materials Managers. Managers must shadow each Assistant Storekeeper; and the 6 who have not been shadowed work non day-shifts. <p><u>Proposed 12 Month Performance Measures:</u> DRIVER METRICS <i>Quality</i> <u>TITLE: Decrease the Value of Expired Items</u> <u>AIM: Decrease the value of expired items to 1% of total inventory per month (\$10, 727).</u></p> <p><i>Financial Stewardship</i> <u>TITLE: Improving Inventory Tracking Controls in Central Processing & Distribution (CPD)</u> <u>AIM : Increase cycle count accuracy to 75%.</u></p> <p><i>Developing People</i> <u>TITLE: Staff Education and Training, Improvement Tracking</u> <u>AIM: Documented training by Assistant Storekeepers to be 100% completed by December 2015.</u></p>	<p>FSP Procurement, Receiving and Inventory components.</p> <p>Shadow Assistant Storekeeper staff members</p>

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VI. Close Obs Update	<p>Leslie Holpit and Dana Fresier provided an update on Close Observation and Code Green.</p> <p>There were 2 Code Greens in January; one patient was recovered, and one patient was returned in 5 days by SFPD. The Council discussed actions following a Code Green when a patient is not immediately recovered.</p> <p>As our understanding of close observation matures, the focus has shifted to risk assessment. The Council discussed the development of a close observations order set for physicians.</p>	<p>Terry Dentoni and Will Huen will follow up with information systems to investigate integrating risk assessment tools and a close observation order set into existing electronic systems.</p>
VII. Regulatory Update	<p>Emma Moore presented the Regulatory update.</p> <p><u>Highlights of Regulatory Report:</u></p> <ul style="list-style-type: none"> • The draft CARF/OTOP Plan of Correction is due to CDPH by 3/8. Many of the corrective action items have already been implemented. <p>California Department of Public Health (CDPH) Long Term Care (LTC) Life/Safety Certification Survey</p> <ul style="list-style-type: none"> • The facility was cited for not conducting monthly full load tests and an annual load bank test for both emergency generators. ZSFG's emergency generator testing has been changed to comply with CDPH requirements. • Plan of Correction due to CDPH on February 26. 	
VIII. Announcements	<p>There were no announcements.</p>	
Next Meeting	<p style="text-align: center;">The next meeting will be held April 19, 2016 in 7M30 10:00am-11:30am</p>	