

QUALITY COUNCIL  
October 18, 2016

**CO-CHAIRS:** Will Huen, Susan Ehrlich

**ATTENDANCE:**

**Present:** Max Bunuan, Virginia Elizondo, Thomas Holton, Will Huen, Valerie Inouye, Jay Kloo, Tina Lee, Todd May, Kim Nguyen, Lann Wilder, Troy Williams

**QM/KPO Staff:** Jenny Chacon, Bonita Huang, Emma Moore

**Excused:** Jenna Bilinski, Terry Dentoni, Susan Ehrlich, Shermineh Jafarieh, Aiyana Johnson, Leslie Safier

**Guests:** Michael Jenkins, Roger Mohamed (for Margaret Damiano)

**Absent:** Brent Andrew, Susan Brajkovic, Sue Carlisle, Margaret Damiano, Karen Hill, Jim Marks, David Woods

AGENDA ITEM	DISCUSSION	DECISION/ACTION
I. <b>Call To Order</b>	Will Huen and Troy Williams called the meeting to order at 10:07AM.	Informational.
II. <b>Minutes</b>	The minutes of the September 20, 2016 meeting were reviewed by the committee.	The minutes were approved.
III. <b>Policies and Procedures</b>	<p>Cheryl Kalson presented the Policies and Procedures for approval.</p> <p><b><u>Administrative Policies</u></b></p> <p><b>Policy-1.03: Administrator on Duty</b> No changes.</p> <p><b>Policy-1.22: Automated Temperature Monitoring Program (TempTrak)</b> Revisions included updates to the Alert Responders list. Troy Williams inquired whether recent Pharmacy's first response time pilots for TempTrak were part of the policy revisions,</p> <p><b>Policy- 3.09: Consent to Medical and Surgical Procedures</b> No changes.</p> <p><b>Policy-16.03: Patient/Visitor Concerns/Grievance Policy</b> Revisions include the renaming of the Patient Advocate Office to The Office of Patient Experience (OPEX) and new location in the lobby of Building 25. Council members inquired about the patient data sources used for grievances and impact on HCAHPS scores. Edith Di Santo, Patient Experience Manager, clarified that service recovery process for a low eVideon score during a patient's inpatient stay were separate from the grievance process as well as the data used for HCAHPS.</p>	<p>Policies and Procedures were approved.</p> <p>Cheryl Kalson to follow-up with Pharmacy regarding time for first Alert Response Time in TempTrak and impact on Policy 1.22 revisions.</p>

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<p>IV. Performance Measures</p> <p>a. Emergency Management</p>	<p>Lann Wilder presented the department report.</p> <p><b><u>Accomplishments:</u></b></p> <ul style="list-style-type: none"> <li>Working with the Nursing Department to update all the disaster plans, for the move into the new facility, was cited as an accomplishment.</li> </ul> <p><b><u>Challenges:</u></b></p> <ul style="list-style-type: none"> <li>It remains challenging to ensure accurate tracking of all required staff required to complete the FEMA trainings (more details below in report summary).</li> </ul> <p><b><u>Highlights of the Emergency Management PI Indicators:</u></b></p> <p><b><u>Developing People</u></b></p> <p><u>TITLE: Incident Command System (ICS) Training</u></p> <p><u>AIM: By June 30, 2016, 250 ZSFG Supervisors, Managers and Administrators and other members of the Hospital Incident Management Team will have completed HICS Basics and the required FEMA ICS-200 and 700 Courses.</u></p> <p><u>STATUS: Target achieved for HICS Basic. Target not met for FEMA IS courses.</u></p> <ul style="list-style-type: none"> <li>208 staff completed FEMA courses and 281 completed HICS Basic training.</li> <li>The lack of a comprehensive list of all Managers and Supervisors was cited as a barrier in ensuring that all required staff were identified and completed trainings.</li> </ul> <p>Council members commented on the organization-wide challenge with obtaining comprehensive Human Resources lists of current staff to track for trainings or for other compliance purposes. Tina Lee indicated that IS had recently worked with Human Resources to compile a comprehensive staff list which could be a possible resource.</p> <p><b><u>Safety</u></b></p> <p><u>TITLE: Critical Function Performance During Actual Incidents and Disaster Exercises</u></p> <p><u>AIM: The ZSFG HICS Incident Management Team will perform ≥ 90% of key tasks in each critical function during exercises and actual incidents.</u></p> <p><u>STATUS: Target not met.</u></p> <ul style="list-style-type: none"> <li>Target met for all exercises and incidences except for July 2016 Firecracker Security Incident. <ul style="list-style-type: none"> <li>Categories evaluated and compliance rates July Firecracker Security Incident: HICS Roles &amp; Responsibilities (17%), Patient Care and Clinical Support Activities(75%),Notification &amp; Communication (75%); and Hazard Specific Critical Actions (83%).</li> </ul> </li> </ul>	<p>Lann Wilder and Tina Lee to meet and discuss comprehensive Human Resource list of ZSFG staff.</p> <p>Lann Wilder to provide a countermeasure summary of the number of staff required (stratified by position) to complete FEMA trainings at the January 2017 Quality Council meeting.</p>

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	<ul style="list-style-type: none"> <li>Proposed countermeasures include: Standard work development for Emergency Notification and improving evaluation criteria for incident action plan communication.</li> </ul> <p>Jay Kloof, Regulatory Affairs Director, reiterated the importance of ensuring the update of all emergency plans, in the new facility, since would a focus area for the upcoming Joint Commission survey. There were also discussions about lessons learned from actual incidents for future HICS activations.</p> <p><b>Care Experience</b>  <u>TITLE: Patient and Family Communication During Emergencies and Disaster Response Activities</u>  <u>AIM: By January 31, 2017, ZSFG will develop and implement standard messaging templates to communicate key message points that staff should communicate to patients and their loved ones during ≥90% of alert activations, emergency responses and exercises.</u>  <u>STATUS: In progress.</u></p> <ul style="list-style-type: none"> <li>Current countermeasures include the development of messaging templates for the top 10 high impact hazards, update of Hazard Specific Plans, and development of a tool to measure patient, family and staff satisfaction with messaging.</li> </ul> <p><b>Care Experience and Quality</b>  <u>TITLE: Follow-up on Issues Identified During Incidents and Exercises</u>  <u>AIM: The ZSFG Emergency Management Program will effectively implement follow-up corrective actions for at least 90% of issues identified during actual incidents and disaster exercises during the prior year.</u>  <u>STATUS: Target met.</u></p> <p><b>Proposed 12 Month Performance Measures:</b>  <b>DRIVER METRICS</b>  <b>Developing People</b>  <u>TITLE: Staff trained in HICS.</u>  <u>AIM: Increase the number of staff trained in HICS from 281 to 330 by September 2017.</u></p> <p><b>Safety</b>  <u>TITLE: Critical function Performance During Incidents and Exercises</u>  <u>AIM: Increase the number of key critical functions performed during incidents to 90% by September 2017.</u></p> <p><u>TITLE: Patient and Family Communication During Emergencies</u></p>	<p>Future Emergency Management Follow-up items to be integrated into quarterly EOC Committee updates to Quality Council.</p>

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	<p><u>AIM: Ensure at least 90% of patients and family receive communication during emergencies by September 2017.</u></p> <p>Council members inquired about the feasibility of completing this metric. Lann Wilder indicated that Emergency is currently working with ZSFG Communications process to develop standardized communication templates for emergency communication and different modes of communication across campus.</p>	
<p><b>V. Regulatory Update</b></p>	<p>Emma Moore presented the Regulatory update.</p> <p><b>Highlights of Regulatory Report:</b></p> <ul style="list-style-type: none"> <li>• CDPH Acute Psychiatry Staffing: Plan of Correction (POC) three month monitoring ended with 92-99% compliance with staff ratios remaining unmet. Psych Nursing will continue audits to ensure staffing adequacy.</li> <li>• CDPH Renal Service Chronic Dialysis Center Recertification POC: POC reporting to continue until November with focus on proper dialysis chair cleaning, wearing of face masks and proper infection control procedures.</li> </ul>	<p>Continue monthly regulatory updates.</p> <p>Psychiatry to develop falls prevention procedures to decrease additional staffing for patients requiring Close Observation. Results will be included in updated CDPH report will in early 2017.</p>
<p><b>X. Announcements</b></p>	<p>There were no announcements.</p>	
<p><b>Next Meeting</b></p>	<p><b>The next meeting will be held November 15, 2016 in 7M30 10:00am-11:30am</b></p>	