

QUALITY COUNCIL
January 19, 2016

CO-CHAIRS: Will Huen, Roland Pickens

ATTENDANCE:

Present: Jenna Bilinski, Susan Brajkovic, Virginia Elizondo, Thomas Holton, Will Huen, Valerie Inouye, Jay Kloo, Todd May, Troy Williams, David Woods

QM/KPO Staff: Jenny Chacon, Stephanie Chigos, David Kutys, Emma Moore, Amy Murphy, Sue Schwartz, Michael Zane

Excused: Kim Nguyen, Lann Wilder

Guests: Jennie Farr (for Terry Dentoni), Dana Freiser, Leslie Holpit, Roger Mohammed (for Margaret Damiano)

Absent: Aiyana Johnson, Brent Andrew, Max Bunuan, Sue Carlisle, Karen Hill, Sherminah Jafarieh, Yvonne Lowe, Iman Nazeeri-Simmons, Roland Pickens, Basil Price

AGENDA ITEM	DISCUSSION	DECISION/ACTION
I. Call To Order	Will Huen and Troy Williams called the meeting to order at 10:08AM.	Informational.
II. Minutes	The minutes of the December 15, 2015 meeting were reviewed by the committee.	The minutes were approved.
III. Policies and Procedures	<p>Cheryl Kalson presented the latest policies and procedures.</p> <p><u>Administrative Policies</u> Policy-9.05: Interpreter Services (Bilingual Services) Minor Changes.</p> <p>Policy-16.06: Photographing/Videotaping/Recording Patients in Hospital or Clinic Revisions included integration of DPH-wide policy regarding photographing or recording of patients. Virginia Elizondo, from the City Attorney’s Office, recommended that the policy be reflective of the Americans with Disability Act (ADA) consent requirements.</p> <p>Cheryl Kalson reported that she had not received the required number of votes to approve the Building 25 Policies and Procedures via email and requested a vote from council members. These policies and procedures will continue going through the approval process by additional hospital leadership bodies.</p>	<p>Policy 9.05 approved.</p> <p>Policy 16.06 was tabled for further review regarding consent requirements by ADA patients.</p> <p>Cheryl Kalson to forward Virginia Elizondo the draft of Policy 16.06.</p> <p>Building 25 ready Policies and Procedures were given approved by council members.</p>

AGENDA ITEM	DISCUSSION	DECISION/ACTION
<p>IV. PRIME Update</p>	<p>Patrick Oh, Senior Analyst for The San Francisco Health Network (SFHN), presented on the Public Hospital Redesign Incentives in Medi-Cal (PRIME) program which is part of the new Medi-Cal 1115 Waiver. This program replaces the Delivery System Reform Incentive Program (DSRIP).</p> <p>Patrick outlined differences of the PRIME program from DSRIP:</p> <ul style="list-style-type: none"> • Standardized projects across California public health systems that will focus on outcomes instead of processes. • All metrics from each project area must be achieved or improved to maintain the proposed funding levels (\$40 million per year). • The eligible population will now include enrolled Medi-Cal Managed Care patients who have not yet been seen within the SFDPH, in addition to patients with at least 2 visits to a DPH care site. • A yearly 10% improvement from baseline year (2015-2016) will be required. <p><u>Six required projects include:</u></p> <p>Outpatient Delivery System Transformation and Prevention</p> <ol style="list-style-type: none"> 1. Integration of Behavioral Health and Primary Care 2. Primary Care Redesign 3. Specialty Care Redesign <p>Targeted High Risk or Cost populations</p> <ol style="list-style-type: none"> 4. Improvements in Perinatal Care 5. Care Transitions: Integrating Post-Acute Care 6. Complex Care Management for High Risk Patients <p>A SFHN technical workgroup is meeting weekly to review required metrics and data availability. Sue Schwartz discussed potential need for additional staff resources to support PRIME, including reporting of metric data and involvement in improvement initiatives to reach targets.</p>	

AGENDA ITEM	DISCUSSION	DECISION/ACTION
<p>V. FMEA 2016 Topic Selection</p>	<p>Sue Schwartz led a discussion on potential 2016 topics for the Failure Mode and Effects Analysis (FMEA). This is an organization-wide proactive risk assessment required by the Joint Commission.</p> <p>Highlights: Potential Topics Proposed</p> <ul style="list-style-type: none"> • Building 25 Lobby Mezzanine Risks • Monitoring of Behavioral Health Rooms in Building 25 Emergency Department • Electronic Medical Record (EMR) Implementation • A general risk assessment of Building 25, encompassing Observation of high risk Patients (e.g. Close Observation, Mental Health patients in ED, Flow, and Maternity unit) <p>Sue Schwartz recommended that Quality Council members further discuss and finalize the FMEA topic at the next council meeting. Troy Williams, Chief Quality Officer, recommended an FMEA focused on the care and monitoring of psychiatric patients in the new Emergency Department (ED). This analysis would build on the previous year’s FMEA topic, which focused on the transport of behavioral health patients to the new ED. There was a discussion about the value of conducting an analysis of EMR risks since these vulnerabilities would be addressed at a network-wide level prior to its implementation.</p>	<p>Quality Council members to forward potential 2016 FMEA Risk topics to Sue Schwartz for discussion at the February Quality Council meeting.</p>
<p>VI. Close Observation (Close Obs) Update</p>	<p>Leslie Holpit and Dana Freiser presented their quarterly Close Observation update.</p> <p>Highlights:</p> <ol style="list-style-type: none"> 1. The Code Green Committee membership was expanded to include representation from AeroScout, Close Obs, and the Sheriff’s Department to discuss alignment and outcome measures through the Code Green Committee. 2. AeroScout use has increased. Data is currently being collected to provide a more accurate analysis of increased usage. <p>There have been improvements in identifying At-Risk patients that need Close Observation at the time of admission. Dana Freiser provided an overview of the “At Risk” patient decision flowchart along with a list of proposed metrics. There was a discussion about what data to utilize (e.g. SFSD, Unusual Occurrence Databases) for tracking close obs outcomes, as well as the status of monitoring of metrics</p>	<p>Troy Williams to discuss data collection needs with the Close Observation team.</p> <p>Leslie Holpit and Dana Freiser to provide a data collection update at the March 2016 meeting.</p> <p>Sue Schwartz to add increased security risks for</p>

AGENDA ITEM	DISCUSSION	DECISION/ACTION
	that were originally proposed for Close Observation. Leslie Holpit also recommended assessing any potential security risks with the increased number of entries and exits, in the new hospital, in comparison to the number of planned AeroScout areas with patients under Close Observation.	AeroScout for patients under Close Observation to 2016 FMEA Risk Topic list.
VII. Privacy Breach Update	Maggie Rykowski, SFGH Privacy Officer, updated council members on two recent privacy breaches.	
VIII. Quality Measures Update	<p>Sue Schwartz provide a summary of the SFGH Joint Commission and CMS Core Measures for Quarter 3 2014-Quarter 2 2015.</p> <p>Highlights:</p> <ul style="list-style-type: none"> • 100% compliance for all stroke metrics, and performance better than the UHC median for all perinatal measures and ED Time to Pain Management for Long Bone Fractures. • Flu Immunization: Improvement in immunization screening from 58% to 95% due to development and implementation of A3 Strategic Plan countermeasures. • Retired and new 2016 Psychiatry Measures were presented. <p>Sue Schwartz highlighted the new 2016 Joint Commission and CMS Measures. There is a continued Joint Commission requirement for six measure sets including the option of submitting measure data via electronic clinical quality measures (eCQM), which will be a 2016 CMS requirement. Sue explained that eCQM data does not allow for any data validation or changes. Therefore, she recommended that SFGH submit data using a combination of chart abstracted and eCQM measure sets. This will allow SFGH to evaluate accuracy of electronic data before required submission to CMS. The 2016 SFGH Joint Commission Core Measure Set recommendations will be presented at the January PIPS meeting for approval.</p>	Continue Quality Measure reporting.
IX. Regulatory Update	<p>Jay Kloo presented the Regulatory update.</p> <p>Highlights of Regulatory Report:</p> <p><u>Current Status: All plan of correction (POC) requirements, with the exception of Laboratory Accreditation Survey have been fulfilled.</u></p>	Monthly POC update at next Quality Council meeting.

AGENDA ITEM	DISCUSSION	DECISION/ACTION
	<p>Joint Commission Bi-Annual Laboratory Accreditation Survey</p> <ul style="list-style-type: none"> • Three year Joint Commission Accreditation awarded to lab through 11/30/18. • Continued improvement work in Emergency Department for Point of Care (POCT) GEM testing. Currently at 90% compliance but not at 100% target. Currently no POCs for organization. <p>Board of Pharmacy Sterile Compounding POC</p> <ul style="list-style-type: none"> • Completed. <p>Pending Surveys:</p> <ul style="list-style-type: none"> • FDI Mock Survey for Building 25 scheduled Feb 8,9,10. <p>Jay also reported that University of California at San Francisco (UCSF) staff provided a consultative visit, for licensing and accreditation, based on their recent experience opening their new facility.</p>	
X. Announcements	<p>Dr. Will Huen presented the 2016 Quality Council reporting calendar and emphasized the importance of Executive Sponsors in supporting department managers in ongoing improvement efforts.</p> <p>Troy Williams announced that the CDPH Long Term Care survey is pending and anticipated to occur soon.</p>	Jenny Chacon to forward Quality Council reporting calendar to managers.
Next Meeting	<p>The next meeting will be held February 16, 2015 in 7M30 10:00am-11:30am</p>	