QUALITY COUNCIL
October 20, 2015

CO-CHAIRS: Will Huen, MD, Roland Pickens
ATTENDANCE:
Present: Brent Andrew, Max Bunuan, Margaret Damiano, Terry Dentoni, Virginia Elizondo, Jay Kloo, Tina Lee, Roland Pickens, Basil Price, Lann Wilder, David Woods
QM/KPO Staff: Jenna Bilinksi**,** Jenny Chacon, Valerie Chan, Amy Murphy, Jignasa Pancholy, Dennise Rosas, Leslie Safier, Sue Schwartz, Justin Weber, Michael Zane
Excused: Shermineh Jafarieh, Aiyana Johnson, Todd May, Jessica Morton, Iman Nazeeri-Simmons, Anh Pham, Troy Williams
Guests: Steve Koneffklatt, Roger Mohammed, Baljeet Sangha, Sylvia Shih, Corilee Watters
Absent: Sue Carlisle, Karen Hill, Thomas Holton, Valerie Inouye, Yvonne Lowe, Jim Marks, Kim Nguyen, Jignasa Pancholy

AGENDA ITEM	DISCUSSION	DECISION/ACTION
I. Call To Order	Roland Pickens, Interim CEO, called the meeting to order at 10:04AM.	Informational.
II. Minutes	The minutes of the September 15, 2015 meeting were reviewed by the committee.	The minutes were approved with minor edits.
III. Policies and Procedures	Cheryl Kalson presented the latest policies and procedures. **Administrative Policies** **Policy-1.06: Admission of Youth Guidance Clients** Revisions include continued involvement, by SFGH Pediatrics Inpatient Service, with all Youth Guidance Center clients (under 18) for admissions and assistance with care coordination. **Policy-2.03: Informed Consent Prior to Blood Transfusion and Counseling of Patients About Autologous and Designated Blood Donation** No changes. **Policy-2.04: Breast Feeding** Minor changes. **Policy-2.05: Management of Severe Bed Shortages** Minor changes.	Policies and Procedures approved.

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	Policy-3.19: Crash Cart Checks and Replacement Materials Management Central Distribution (MMCD) to oversee the Standardized Crash Cart Checklist instead of Pharmacy Services. **Policy-5.01: Emergency Management Program and Emergency Response Plan** Minor Changes. **Policy-8.02: Harm Reduction Policy** No changes. **Policy-8.17: HIPAA Compliance: Portable Computers and Devices Policy** Title changed to Portable Device, Removable Storage and Communications Device Security and linked to applicable DPH policy of same name. **Policy-8.29: Policy for Social Networking and Other Web-Based Communications** No changes. **Policy-9.02: Infection Prevention and Control Policies and Procedures** No changes. **Policy-13.04: Releasing Remains from SFGH Morgue to Mortuaries or Medical Examiner** Minor changes. **Policy-15.06: Management of 6G Patients requiring Emergent Interventional Radiology** Changes include notification of Administrator on Duty (AOD) by 6G nurse about patients requiring interventional radiology, and clarifying frequency of vital signs **Policy-19.01: Patient Alias "Security Name" System** No changes made. **Policy-19.07: Prohibition of Employee Solicitation or "Capping"** The term "running" was added to describe employee solicitation of business for attorneys.	

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	Policy-20.08: Patient Transfers In-House and On-Campus Revisions include notification of AOD prior to patients transported to ED; added information regarding transfers between acute medicine and acute Psych units; random and quarterly monitoring, by Quality Management, of transfer procedures. **Environment of Care (EOC) Policies** **EOC Policy-15.02: Needle stick Exposure Prevention** Minor Changes. **EOC Policy-18.01: Occupational Injury and Illness Reporting and Claims Management Procedure** No changes. **EOC Policy-25.04: Requests for Environmental Services** Minor revisions include description of procedures for Emergency/Urgent and routine Maintenance Service Requests.	
IV. Performance Measures **A. Food and Nutrition Services (FNS)**	Sylvia Shih and Corilee Watters presented the Food and Nutrition Services (FNS) report. **Accomplishments:** • Decreased staff overtime by 31%. • Increased employee engagement through daily staff huddles implemented for past six months. • Implemented Lean process into FNS daily operations. **Challenges:** • The hiring process for filling key management positions (Executive Chef and CBord Director) has been lengthy, which impacts the ability to improve the patient food quality and patient satisfaction. • FNS experienced a delay in refrigerator repairs from its contracted vendor. This required FNS to manually monitored food temperature to maintain food safety standards as they awaited for repairs. Baljeet Sangha recommended working with Facilities to expedite repair requests if they experience delays in service requests from vendors. **Highlights of FNS PI Indicators:** *Financial Stewardship*	Sylvia Shih to forward Roland Pickens, Interim CEO, most recent email correspondence with Human Resources regarding hiring of key management positions.

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	Title: Reduce weekly Overtime Hours Target: Reduce 1.5 hours overtime from 2014 -2015 FY by 50% in 2015-2016 FY. CURRENT STATUS: Goal not met. (can we say goal in progress?) • Overtime pay decreased by 31%, from 224.05 hours per pay period to 153.67 hours, from July-Sept. 2015. ***Developing People*** Title: Staff Engagement Target: 80% of staff will participate in scheduled daily AM huddles. CURRENT STATUS: Goal met. • Engagement efforts during huddles included weekly educational frequently asked questions (FAQs) topics and the implementation of competency audits for food service workers and cooks. • Staff audited scored 80% or above for educational competency skills. ***Safety*** Title: Adherence to Food Safety, Environment of Care and Plan of Correction Target: 95% or greater adherence to food safety, environment of care and provision of care parameters. CURRENT STATUS: Targets not met in all areas. • September data showed Diet Order Accuracy (96%) and Food safety (95%) targets met but not reached for Environmental Safety (92%) and Weight Accuracy 94%. • Performance efforts include review of Food Safety Audit Tool for consistency and diet order census review. ***Quality*** Title: Ensure Quality Nutrition Services Target: 95% adherence to nutrition risk screenings, timely assessments, Physician acknowledgement of Registered Dietician (RD) recommendations, accurate ins and outs documentation. CURRENT STATUS: Goals not met in all areas. • Targets met in 3 out of 4 areas, in September, with minor improvements still needed in achieving timely assessment (94%).	FNS is working with Human Resources to fill positions needed to prevent short staffing and overtime. Complete competency assessment of remaining staff, and re-assess competency of individuals < 80% competence. Continue ongoing monitoring of adherence to Food Safety, Environment of Care and Plan of Correction. Continue ongoing monitoring of adherence to nutrition risk screenings, timely assessments, Physician acknowledgment of RD assessments.

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	• Improvement efforts will include modification of nursing orientation to include appropriate nutrition risk screenings, timely assessments, and physician acknowledgement of Registered Dieticians through Halogen. *Quality* Title: Ensure Quality Nutrition Services Target: Reduce number of preventable late trays and trips by nursing staff to Diet Office to 0%. Achieve 90% or greater on test tray evaluations by December 2015. CURRENT STATUS: Goals not met. • The September preventable late tray rate was 2%, which includes trays returned due to patient dissatisfaction or a missing tray. • Further data analysis reveals that there has been downward trend in preventable late trays from June (11) to September (5). The decrease was attributed to increased awareness, by nursing, of earlier ordering patient diet order modifications. • The average number of nursing visits to the Diet Office in September was 3.78. • Data on test tray evaluation is pending revision of evaluation form. *Care Experience* Title: Patient Satisfaction with Food Service and Courtesy of Dietary Staff Target: Improve overall satisfaction with food service to 95% by Feb 2016. Current Status: Goals not met. • HCAHPS score (Always treated with courtesy and respect) in 2015 increased from 63% to 70%. • Performance improvement efforts consisted of daily rounding to encourage HCAHPS survey completion, by FNS and volunteers, and distribution of feedback cards to patients by hosts There was a discussion about how FNS is tracking satisfaction with the food served. An internal feedback card captures this information when completed by patients. FNS staff indicated that increasing satisfaction with the quality and taste of food is challenging. Currently, most of the food served is prepackaged. Filling the Executive Chef position would enable FNS to transition to providing meals cooked onsite, improving food quality and taste, and to offer more of a menu for patients. *Contracted Services* **Contract Name:** U.S. Foods Novations Target: Delivery Timeliness: 100% compliance, U.S. Foods provides 65/65 drops per quarter	Continuing monitoring contracts for compliance. Consider alternate Fresh produce supplier.

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	Current Status: Goals not met in all areas. • Delivery Timeliness goal met. Delivery Accuracy and Quality was 90%. **Contract Name**: Ecolab Target: 100% compliance of contact within 60 minutes of service call. Current Status: Goal met. **Contract Name**: Berkeley Farms Target: 100% of orders delivered on time Current Status: Goal not met. • 90% compliance. **Contract Name:** Fresh and Ready Foods Target: 100% of orders delivered on time Current Status: Goal met. **Contract Name:** CBORD Group, Inc. Target: 100% of contact within 60 minutes of service call. Current Status: Goal met. **Contract Name:** Blossom Foods Delivery: 100% of order delivered on time Current Status: Goal met.	
V. Contracted Services	Jenny Chacon, Quality Management, reviewed a summary of performance measures for 2015 contracted services. Annual review of contract services ensures regulatory compliance with oversite of performance by hospital leadership. An overview of the contract performance monitoring process was given. Highlights: • The contract performance monitoring process continues to be integrated into departmental performance improvement plans and annual reporting to Quality Council. Due to the recent realignment of Quality Council and PIPS, QM staff will work with PIPS leadership to ensure clinical services monitor and report contract measures. • In the past year, all new SFGH contracts are required to include performance measures, in order to be processed by the DPH contracts office.	Contracted Services measures were approved.

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	• Areas of improvement still needed include: refining the tracking and monitoring of maintenance agreements, interdepartmental Memorandums of Understanding (MOUs) and oversite for DPH-wide/Network-wide contracts that have services on SFGH campus. There was a discussion about the processes for addressing underperforming contracts which is a priority area for accreditation bodies like the Joint Commission. Roland Pickens informed the group of plans to create a centralized DPH contracts office to improve performance monitoring which will be led DPH's Chief Financial Officer. The City Attorney also recommended SFGH include them in more of contract negotiations to ensure shared understanding with the contracted service.	
VI. Privacy Breach Update	Jay Kloo reported receiving a $250,000 administrative penalty related to a 2012 privacy breach. There was a discussion about the ongoing challenge of privacy breaches and ways to adjust our systems to prevent human error. Privacy challenges include deleting access for staff leaving the system, and availability of remote access.	Continue to report any Privacy Breaches to Quality Council as appropriate.
VII. Business Intelligence Unit Update (BIU)	Baljeet Sangha presented an overview of the Business Intelligence Unit (BIU). The BIU originated in response to an HMA consultant assessment of DPH which resulted in a recommended list of 67 metrics to be used for tracking performance. The staff and tools of the BIU are a SF Health Network-wide shared resource for developing and disseminating operational and financial metrics and dashboards. Baljeet provided an update on completed dashboards developed (Primary Care, Patient Satisfaction and Inpatient Access), planned dashboards as well the status of Tableau distribution and utilization. There was a discussion about how tableau data dashboards were being used and ensuring the data was meaningful for end users.	
VIII. Materials Management Update	Baljeet Sangha presented the Materials Management update on the A3: Improving Inventory Tracking Controls in Central Processing and Distribution (CPD). **Accomplishments** • Development of standard work and training for Assistant Storekeeper (1932) position. **Challenges:** • The current inventory system (McKesson) is not able to track all physical locations for inventory analysis. This results in some inaccuracies in inventory data.	Prioritize of purchasing higher software version, of McKesson Pathways System, to ensure more accurate cycle counts.

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	Targets:
	• Improve cycle count accuracy to 75% by July 2016, and 95% by July 2017.
	• Centralize supply storage from multiple locations to 2 consistent locations by 12/2015.
	• Train 1932 staff on utilization of inventory tracking standard work by December 2015.
	
	Results:
	• As of August 2015, cycle count accuracy continues to increase but is still below the 75% goal.
	    o 7% discrepancy of items greater than$500.
	    o 60.9% discrepancy of items up to $500.
	    o 32.1% non-discrepant.
	• Performance improvement efforts to include stocking deliveries into inventory by 11 AM daily and Daily Cycle Count Administrator Report.	

IX. Regulatory /POC Update	Jay Kloo presented the regulatory update. **Highlights of Regulatory Report:** ***EMTALA and Patient's Rights Plan of Corrections (POCs) CDPH/CMS*** Current Status: Goal met (100%). • Completed EMTALA POC requirements for monitoring of all required areas such as log disposition documentation, central log disposition, etc. for four consecutive months. ***Clinical Laboratory Joint Commission Plan of Correction (POC)*** Current Status: Goal not met in all categories (100%). • POC reporting requirement consists of 100% compliance for four consecutive months. • 92% compliance for October for monitoring of GSE II testing. • 100% compliance for two consecutive month for temperature logs and NeRL water documentation. ***Pending Surveys*** • Triennial Hemodialysis (Fire, Life and Safety) Survey (Ward 17). • The Joint Commission 2015 Disease-Specific Certification (DSC) Survey: Stroke & Traumatic Brain Injury (TBI) Program (Spring2016). • Commission on Accreditation of Rehabilitation Facilities (CARF). • Opioid Treatment Outpatient Treatment Program (OTOP).	Monthly POC update at next Quality Council meeting.

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	There was a discussion on how to sustain improvement work, from POCs, into ongoing departmental operations. It was recommended that departments make these POC metrics Watch metrics that could be monitored through random audits. Committee members also suggested doing further analysis of sustaining POC improvements at the upcoming A3 Training that Regulatory Affairs is attending.	
IX. Announcements	Jay Kloo announced that the new Risk Management Director, Susan Brajkovic recently joined the Quality Management Department.	
Next Meeting	**The next meeting will be held** **November 17, 2015 in 7M30** **10:00am-11:30am**	