

QUALITY COUNCIL  
November 17, 2015

**CO-CHAIRS:** Will Huen, Roland Pickens

**ATTENDANCE:**

**Present:** Susan Brajkovic, Max Bunuan, Yvonne Lowe, Thomas Holton, Valerie Inouye, Jay Kloo, Tina Lee, Todd May , Iman Nazeeri-Simmons, Kim Nguyen, Basil Price, Lann Wilder, Troy Williams, David Woods

**QM/KPO Staff:** Jenny Chacon, Valerie Chan, Amy Murphy, Jignasa Pancholy, Leslie Safier, Sue Schwartz, Michael Zane

**Excused:** Sherminah Jafarieh, Aiyana Johnson, Jim Marks, Jessica Morton, Anh Pham

**Guests:** Leslie Holpit (for Terry Dentoni), Roger Mohammed (for Margaret Damiano)

**Absent:** Brent Andrew, Jenna Bilinski, Sue Carlisle, Virginia Elizondo, Karen Hill

AGENDA ITEM	DISCUSSION	DECISION/ACTION
<b>I. Call To Order</b>	Will Huen, MD, called the meeting to order at 10:08AM.	Informational.
<b>II. Minutes</b>	The minutes of the October 20, 2015 meeting were reviewed by the committee.	The minutes were approved with minor edits.
<b>III. Policies and Procedures</b>	<p>Cheryl Kalson presented the latest policies and procedures.</p> <p><b><u>Administrative Policies</u></b></p> <p><b>Policy-1.12: Abuse Prevention Program</b> Revised to replace SMART training with CPI (Crisis Prevention and Intervention) training.</p> <p><b>Policy-2.03: Informed Consent Prior to Blood Transfusion and Counseling of Patients About Autologous and Designated Blood Donation Option</b> Transfusion Consent Form revised to include physician documentation of adequate time allowed for patient or other persons to pre-donate blood.</p> <p><b>Policy-2.06: Massive Blood Transfusion</b> Minor revisions.</p> <p><b>Policy-3.02: Communication and documentation of Critical Results</b> Minor revisions.</p> <p><b>Policy-3.15: Transfers - Pediatric Burn and Trauma Patients to Other Acute Care Facilities</b></p>	Policies and Procedures approved.

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	<p>Updated to include new name of facility transfer (Benioff) and to add back-up facility (Lucille Packard).</p> <p><b>Policy-3.20: Cytotoxic Agents: Authority for Clinical Oversight</b> Minor revisions.</p> <p><b>Policy-3.21: Cytotoxic Agents: Competency and Performance Improvement</b> Minor revisions.</p> <p><b>Policy-3.22: Cytotoxic Agents: Ordering Cytotoxic Therapies</b> Language added to specify that chemotherapy treatment is provided by order.</p> <p><b>Policy-3.23: Cytotoxic Agents: Order Transcription and Verification</b> Chemo order will be scanned into eCW after administration of therapy.</p> <p><b>Policy-3.24: Cytotoxic Agents: Preparation, Delivery, Disposal and Spill Management</b> Minor changes.</p> <p><b>Policy-3.25: Cytotoxic Agents: Areas of Administration</b> Minor changes include availability of spare spill kits, from the AOD and Inpatient Pharmacy, during an emergency.</p> <p><b>Policy-3.26: Cytotoxic Agents: Guidelines for Administration</b> Definitions of CSTD (Closed System Transfer Device) added.</p> <p><b>Policy-3.27: Cytotoxic Agents: Extravasation Management</b> Minor changes.</p> <p><b>Policy-3.29: Child Passenger Restraint System Requirements for Children Under Age 8</b> Appendix A (Car Seat Safety Resource Sheet) updated and Appendix B (SF County Car Seat Program Info) removed.</p> <p><b>Policy-8.08: Notification of Transfusion Recipients Who May Have Been Exposed to Bloodborne Pathogens through Transfusion</b> Minor changes.</p> <p><b>Policy-16.03: Patient/Visitor Concerns/Grievance Policy</b> Minor changes. Troy Williams confirmed that this policy aligns with the grievance process across the SFHN, through the Office of Managed Care.</p>	

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	<p><b>Policy-16.20: Point of Care Testing (POCT)</b> Application form for new or expansion of existing POCT now located on the SFGH POCT website.</p> <p><b>Policy-19.06: Subpoenas and Legal Process</b> Title changed.</p>	
<p><b>IV. Performance Measures</b></p> <p><b>A. Patient Financial Services/Billing</b></p>	<p>Dr. Will Huen provided an overview of a new process being tested for submitting proposed performance measures for the upcoming year. In place of a separate annual PI plan, proposed measures will be submitted and discussed as part of annual departmental reports to Quality Council. Dr. Huen also acknowledged first time reporting for Patient Financial Services and Information Systems to Quality Council.</p> <p>James Parker, Director of Patient Accounting, presented the Patient Financial Services/Billing report.</p> <p><b>Accomplishments:</b></p> <ul style="list-style-type: none"> <li>Established new collection process which increase of claims for past two fiscal years.</li> </ul> <p><b>Challenges:</b></p> <ul style="list-style-type: none"> <li>Timely communication of information that impacts billing process, e.g. delays in diagnosis information, delayed charges, and missing charges. A reconciliation process was set up to monitor timeliness of information, which has been effective in addressing this challenge.</li> </ul> <p><u>Title: Improving/Increasing Claims Submission Efficiency</u></p> <p><u>Targets:</u></p> <ul style="list-style-type: none"> <li><u>Increase the percentage of “clean” claims produced from Invision when compared to Fiscal Year 14/15 by 8% (at a minimum) for Fiscal Year 15/16.</u></li> <li><u>Increase the total number of claims submitted during Fiscal Year 15/16 by 6% from Fiscal Year 14/15 total.</u></li> </ul> <p><u>CURRENT STATUS: Goals not met in all areas.</u></p> <ul style="list-style-type: none"> <li>Medi-Cal (Prof) met 72% versus target of 75%, Medi-Cal Facility results were 55% instead of 69%.</li> <li>Overall, clean claims submission for fiscal year 2015-2016 was 6% higher than previous.</li> </ul> <p>Council members asked for clarification on the meaning of timely submission of claims as well as the impact on financial stewardship. James indicated that clean claims have no defects, such as incomplete documentation, which could delay payment (more than seven days) or can result in payment denial. “Timely” is defined as</p>	<p>Dr. Will Huen to follow up with James Parker in January regarding developing targets for performance measures for upcoming year.</p>

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<p><b>B. Financial Services Billing/Eligibility</b></p>	<p>complete documentation within 7 days of hospital discharge; within 15 days of Service for Outpatient/ED visits. There was agreement that patient finance measures are dependent on hospital processes “upstream” and suggested that other departments track financial metrics that align with claims issues. There was also a discussion about potential areas of focus for Patient Financial Services/Billing’s improvement work that impact revenue, such as compliance with 2 Midnight Rule, cancelled admissions, and revenue targets for clinics.</p> <p><b>Contract Services</b>  Contract performance measure results were reviewed and approved.  <b>Contract Name:</b> Craneware  <u>Target: By December 2014, 100% quarterly CDM discrepancy reports submitted will be identified and available to SFGH</u></p> <p><b>Contract Name:</b> Data Systems Group (DSG)  <u>Target: 100% daily notification of claims accepted or rejected by payers and receipt of claims of notification responses from payers.</u></p> <p><b>Contract Name:</b> Prospective Payment Services (PPS)  <u>Target: Submit quarterly reports on areas or topics requested by SFGH outlining regulation changes, changes in billing practices and billing compliance matters to assist in achieving 100% accuracy.</u></p> <p>Omar Carvallo and Jenine Smith presented the Financial Services/Eligibility report.</p> <p><u>Accomplishments:</u></p> <ul style="list-style-type: none"> <li>Decreased number of uninsured patients in Urgent Care Clinic (UCC) from 21% to 7%.</li> </ul> <p><u>Challenges:</u></p> <ul style="list-style-type: none"> <li>Assuring that patients receive an HPE interview before leaving the clinic.</li> </ul> <p><b>Highlights of Eligibility PI Indicators:</b>  <b>Care Experience and Financial Stewardship</b>  <u>Title: Hospital Presumptive Eligibility (HPE) at the Adult Urgent Care Clinic (UCC)</u></p>	<p>Maintain decrease in Left without HPE Interview to &lt;7%.</p> <p>Will Huen to follow-up with Eligibility to discuss monitoring of patients for eligibility.</p>

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<p><b>C. Information Technology Operations (IT Ops)</b></p>	<p><u>Target: To decrease the uninsured patient population at the UCC clinic to 10% by enrolling eligible patients to the HPE program and assisting with continuous Medi-Cal coverage.</u></p> <p><u>CURRENT STATUS: Goal met.</u></p> <ul style="list-style-type: none"> <li>• Self-Pay decreased from 21% to 7%.</li> <li>• The number of UCC patients who left without an HPE interview decreased from 10-7% as of third quarter 2015).</li> <li>• Countermeasures planned include providing increased information to patients on benefits of HPE, and review cases of patients not enrolled to identify areas for improvement.</li> </ul> <p>Jeff Jorgenson, Chief Operations for IT, presented the IT Ops report.</p> <p><b><u>Accomplishments:</u></b></p> <ul style="list-style-type: none"> <li>• Development of IT quality reporting which is a new process for the department.</li> <li>• Assessing customer satisfaction.</li> <li>• Restructure of IT which is becoming a cohesive unit and working on prioritizing issues to improve the user experience.</li> </ul> <p><b><u>Challenges:</u></b></p> <ul style="list-style-type: none"> <li>• Identifying and prioritizing performance metrics for the upcoming year is still a new process that IT is still learning.</li> <li>• Inability to easily track metrics.</li> </ul> <p><b><u>Highlights of IT Ops PI Indicators:</u></b></p> <p><b><u>Quality &amp; Developing people</u></b></p> <p><u>Title: IT Ops Customer Satisfaction</u></p> <p><u>Metric: Create Customer Satisfaction (C-Sat) baseline and identify actionable drivers.</u></p> <p><u>Target: Achieve 4.5 satisfaction score in next 12 months.</u></p> <p><u>CURRENT STATUS: Goal met</u></p> <ul style="list-style-type: none"> <li>• During the first three months of the customer satisfaction survey, the average satisfaction score was 4.45 out of 5.</li> <li>• Customers who perceived their IT request as unresolved rated their satisfaction (1 or 2). Further analysis revealed that IT Staff had not communicated that the requested issue had been resolved.</li> </ul>	<p>Develop and implement decrease percentage of unresolved tickets.</p> <p>Identify budget for trainings held outside DPH for new and current staff.</p>

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	<ul style="list-style-type: none"> <li>A communication improvement plan was implemented for confirming resolution of IT issues with customer as a result of survey.</li> </ul> <p><b><i>Developing people</i></b>  <u>Title: Increasing IT Resolution Rates.</u>  <u>Target: Establish an annual training program for entire Help Desk staff (23) that includes IT service management, problem solving, operational and process analytics.</u>  <u>CURRENT STATUS: In process.</u></p> <ul style="list-style-type: none"> <li>A Help Desk training plan, developed in November 2015, will include Computing Technology Association Training (Comp TIA), In-Service by SFGH Nursing Informatics for help-desk staff, and A3 training.</li> <li>All new staff will be required to obtain IT Infrastructure Library (ITIL) certification.</li> </ul> <p>There was a question about whether there were metrics for tracking data regarding IT systems downtime, which affects hospital operations. Jeff indicated up and downtime will be tracked more extensively within the next couple of months. Other anticipated improvements include ticket look ups for customers to access work requests, online password reset, and communication training for help desk staff to increase customer satisfaction.</p>	
<b>V. SFGH Branding campaign</b>	<p>There was a presentation and discussion, by Browne, Inc. Consultants, providing an overview of the process for developing the branding campaign for the new hospital facility. The new hospital's name will be Priscilla Chan and Mark Zuckerberg San Francisco General Hospital and Trauma Center or Zuckerberg General Hospital and Trauma Center (short form). The hospital's new tagline and logo were unveiled and discussed.</p>	
<b>VI. Quality Measures Update</b>	<p>Sue Schwartz provided a summary of 2015 SFGH Joint Commission and CMS Core Measures.</p> <p><b><u>Highlights:</u></b></p> <ul style="list-style-type: none"> <li>100% 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.</li> <li>In 2016, there is a new CMS requirement for electronically submitted data. Measures can be reported as chart abstracted only, eCQM (Electronic Clinical Quality measures) only, or a combination of chart abstracted and eCQM.</li> </ul> <p>Sue 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. There were questions about the low performance on one of the Psychiatry core measures related to Tobacco Counseling.</p>	Continue Quality Measure reporting.

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	<p>Sue indicated that Psychiatry is in the process of developing more reliable documentation of tobacco counseling to assist with compliance on this measure.</p> <p>Iman Nazeeri-Simmons, Chief Operating Officer, announced that the Zuckerberg SF General Hospital was recognized as a top performer in five core measures (Heart Attack, Heart Failure, Stroke, Surgical Care, and Pneumonia). Iman thanked Sue Schwartz, Director of Performance Improvement, for her leadership in spearheading these efforts.</p>	
<p><b>VII. DSRIP Update</b></p>	<p>Sue Schwartz presented a summary of SFHN’s accomplishments through the first CMS waiver Delivery System Reform Incentive Program (DSRIP) from 2010- 2015. Over the last 5 years, SFHN accomplished 227 milestones, leading to a net payment to SF DPH of nearly 200 million dollars.</p> <p><b>Highlights:</b></p> <ul style="list-style-type: none"> <li>• Increased Primary care capacity: Enhanced performance improvement and reporting, and increased specialty care access and telemedicine consultations.</li> <li>• DSRIP will be replaced by Public Hospital Redesign and Incentives in Medi-Cal (PRIME) focused on Integration of Physical and Behavioral Health.</li> <li>• Targeted High Risk/Cost Populations, Outpatient Delivery System Transformation, and Resource Utilization Efficiency.</li> </ul>	<p>An update on PRIME will be presented at future QC meetings.</p>
<p><b>VIII. Regulatory POC Update</b></p>	<p>Jay Kloo presented the regulatory update.</p> <p><b>Highlights of Regulatory Report:</b>  <i>The Joint Commission Survey 2014: EOC/ED Nursing Rounds with EVS</i>  <u>Current Status: Goal met 90%.</u></p> <ul style="list-style-type: none"> <li>• Reporting requirement of 3 months or more of 90% compliance for cleanliness met.</li> <li>• Emergency Department will continue with weekly rounds with EVS.</li> </ul> <p><b>EMTALA and Patient’s Rights Plan of Corrections (POCs) CDPH/CMS</b>  <u>Current Status: Goal not met in all areas (100%).</u></p> <ul style="list-style-type: none"> <li>• Emergency Department: Did not meet goals for Nurse Triage and Screening Documentation even though above 97 percentile. AMA Processes compliance increased to 83% from 79%.</li> <li>• Improvement work includes ED leadership working with front-line staff to standardize process for scanning and communicating about criteria needed for AMA documentation completeness.</li> </ul>	<p>Monthly POC update at next Quality Council meeting.</p>

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	<ul style="list-style-type: none"> <li>• Psychiatry Emergency Services (PES), and Urgent Care Center (Central Log Units) fulfilled POC requirements for disposition logs.</li> </ul> <p><b>Joint Commission Bi-Annual Laboratory Accreditation Survey</b></p> <ul style="list-style-type: none"> <li>• POC requirements fulfilled.</li> </ul>	
<b>IX. Announcements</b>	No announcements.	
<b>Next Meeting</b>	<p><b>The next meeting will be held</b>  <b>December 15, 2015 in 7M30</b>  <b>10:00am-11:30am</b></p>	