

QUALITY COUNCIL
February 16, 2016

CO-CHAIRS: Will Huen, Roland Pickens

ATTENDANCE:

Present: Jenna Bilinski, Terry Dentoni, Virginia Elizondo, Thomas Holton, Will Huen, Valerie Inouye, Jay Kloo, Tina Lee, Yvonne Lowe, Iman Nazeeri-Simmons, Troy Williams

QM/KPO Staff: Jenny Chacon, David Kutys, Jessica Morton, Amy Murphy, Jignasa Pancholy, Leslie Safier, Sue Schwartz, Michael Zane

Excused: Kim Nguyen, Lann Wilder, David Woods

Guests: Kathy Ballou, Pat Carr, Timur Durrani, Brandi Frazier, Josie Huang, Roger Mohammed (for Margaret Damiano), Ed Ochi, Maggie Rykowski

Absent: Aiyana Johnson, Brent Andrew, Susan Brajkovic, Max Bunuan, Sue Carlisle, Karen Hill, Sherminah Jafarieh, Todd May, Roland Pickens, Basil Price

AGENDA ITEM	DISCUSSION	DECISION/ACTION
I. Call To Order	Will Huen and Troy Williams called the meeting to order at 10:05AM.	Informational.
II. Minutes	The minutes of the January 19, 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. Cheryl Kalson, Policies Coordinator, requested approval of additional Building 25 Ready policies from council members. These policies were modified to reflect logistical modifications such as room numbers and phone numbers.	Additional Building 25 Ready policies were approved.
IV. Occupational Health Services (OHS)	<p>Maggie Rykowski, Director of Occupational Health Services (OHS), presented the department report.</p> <p>Accomplishments:</p> <ul style="list-style-type: none"> • There was significant improvement in N95 respirator fit testing compliance, for ZFGH City and County employees, from 53% to 71%. <p>Challenges:</p> <ul style="list-style-type: none"> • OHS still does not have the ability to determine number of UC employees, on the ZSFG campus, that require N95 fit-testing and IDS screening. 	The N95 Fit Testing target was adjusted to 80% by February 2017.

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	<p><u>Highlights of OHS PI Indicators:</u></p> <p><i>Safety</i></p> <p><u>Title: Improving Compliance with Mandated Respirator Fit Testing</u></p> <p><u>Target: By December 2015, increase compliance with mandated N95 Fit Testing from a yearly overall average of 53% to 75% for City and County Staff at ZSFG.</u></p> <p><u>CURRENT STATUS: Goal not met.</u></p> <ul style="list-style-type: none"> • OHS increased ZSFG City and County employee compliance rate to 71%. • The Fit Testing Program relies on use of OHS as-needed Nurse staffing, which limits the capacity for programmatic outreach, testing, and ongoing monitoring. • Improvement efforts included working with Nursing in identifying staff to train in fit testing. <p>Maggie provided an overview of efforts to date for formalizing a Facial Hair policy, with DPH’s Human Resources (HR) Department, requiring the shaving of facial hair for N95 fit testing to meet regulatory requirements. Despite ongoing follow-up, the policy has not been finalized.</p> <p><i>Safety</i></p> <p><u>Title: Infectious Disease Screening (IDS) for Employees on ZSFG Campus</u></p> <p><u>Targets: Increase the overall yearly Infectious Disease Screening (IDS) compliance rate for ZSFG staff, from 50 % to 75%, and collect baseline data UCSF employee IDS compliance by December 2015.</u></p> <p><u>CURRENT STATUS: Goal not met.</u></p> <ul style="list-style-type: none"> • ZSFG compliance rate for providing IDS documentation was 73.28% vs. UC staff rate of 20.84%. • UC staff’s low IDS compliance rate was attributed OHS’ inability to verify UC compliance. UC employee health data could not be accessed by OHS because of incompatible database systems between the two organizations. Lack of access to UC employee health also makes it challenging to determine the number of UC staff, on the ZSFG campus, that require IDS documentation. • Improvement efforts included requiring individuals applying for new and reappointment Medical Credentialing privileges to have respirator fit testing and IDS screening documentation through OHS. 	<p>Continue to identify unit staff to perform fit testing.</p> <p>Troy Williams to contact DPH HR regarding approval of Facial Hair Policy to fulfill Regulatory requirements.</p> <p>Transition employee paper medical records to OHM electronic record to streamline monitoring and compliance.</p> <p>Roger Mohamed (UC Dean’s Office) and Maggie Rykowski to discuss strategies for obtaining IDS compliance information from UC staff at ZSFG.</p> <p>Continue to sustain 5S project.</p>

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	<p>Care Experience <u>Title: OHS Space Improvement Project</u> <u>Targets: Reorganize 100% of clinic space.</u> <u>CURRENT STATUS: Goal met.</u></p> <ul style="list-style-type: none"> OHS staff participated in a Lean 5S Kaizen where work spaces were reorganized to reduce clutter. Staff also developed standard work for organizing and increasing workflow operational efficiency. Par levels for clinical supplies were identified. <p>Proposed 12 Month Performance Measures: DRIVER METRICS Safety <u>Title: Improving Compliance with Mandated Respirator Fit Testing Program for Clinical Staff</u> <u>Target: By February 2017, improve compliance rate of clinical staff from 73% to 100%.</u></p> <p>Safety <u>Title: Comprehensive Infectious Disease Screen (IDS) Data Collection for All Employees on the ZSFG Campus.</u> <u>Target: By February 2017, increase documented yearly IDS screening results and status for staff from CCSF to 85% (from 73%) to 50% and from 20.3% for UC staff on the ZSFG campus.</u></p>	<p>Maggie Rykowski to select three year target for IDS screening and submit to Quality Management.</p>
<p>V. Annual Privacy Report</p>	<p>Maggie Rykowski presented the 2015 Annual Privacy Report.</p> <p>Highlights:</p> <ul style="list-style-type: none"> Privacy Investigations: A total of 54 incidents were investigated resulting in six reportable privacy breaches. This was an increase from three reported breaches in 2014. Other highlights included an overview of privacy consultations, audits, and risk mitigations. Privacy risk mitigation efforts included bi-monthly privacy committee meetings, revised privacy training module, and departmental retraining efforts. 	<p>The Privacy's Office focus for 2016 would be on addressing potential Building 25 privacy vulnerabilities</p>

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	<p>Committee members inquired about benchmarks relating to privacy breaches. Maggie indicated that the hospital receives a small number of breaches but that they are associated with higher fines than other hospitals. There was also a discussion about how privacy breaches from other parts of DPH were handled. Iman Nazeeri-Simmons, COO, indicated that other parts of DPH are not fined, due to differences in licensing requirements.</p>	
<p>VI. 2015 FMEA Update Summary</p>	<p>Pat Carr, Nursing Director for the Emergency Department (ED) and Kathy Ballou, Nursing Director for Psychiatry, provided an overview of the 2015 Failure Mode Effects Analysis (FMEA). The risk assessment focused on the management of behavioral patients that will be transferred between PES (in Bldg 5) and the ED (in Bldg. 25) for medical clearance.</p> <p>Highlights:</p> <ul style="list-style-type: none"> • The goal was to ensure safe transportation, for both patients and staff, by designing patient-centered workflows when the ED moves to the new building. • Weaknesses of potential failures in the new ED-PES Transfer process during transport were assessed. • Improvement priorities were identified to assure patient privacy, dignity, safety during transport. • A route through the basement tunnel between the current and new hospital was selected as the most efficient, safe and private pathway for transporting behavioral patients with standard work. • Standard work was also developed to address physician, nursing, patient and SFSD communication. <p>The group discussed the upcoming “Day in the Life,” on March 15, where the new transport procedures will be tested to address any potential problems. Dr. Will Huen inquired about the type of follow-up planned to evaluate effectiveness of the new process after the move into the new building. Pat indicated that they anticipated adjustments to be made to the process once patients begin to be transported.</p>	<p>Regular review and monitoring of the transport process will be conducted by the PES/ED Leadership Group.</p>
<p>VII. 2016 Failure Mode and</p>	<p>Sue Schwartz facilitated the discussion for final topic selection for the 2016 FMEA.</p>	<p>Jeff Schmidt, Administrator on Duty</p>

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<p>Effects Analysis (FMEA) Topic Selection</p>	<p>Highlights: The topics proposed from the January Council meeting were reviewed. Iman Nazeeri-Simmons, Chief Operating Officer (COO) and Terry Dentoni, Chief Nursing Officer (CNO), recommended a risk analysis associated the absence of a MERT in Building 5 and transition to Telemetry/Central Monitoring in the new facility. <u>Agreed upon Topics were:</u></p> <ol style="list-style-type: none"> 1. Impact on Building 5 with transition of MERT team/RN to new facility (Building 25). 2. Central Telemonitoring in Bldg. 25 	<p>(AOD), and Leslie Safier, Interim Director of Performance Improvement, will lead effort risk analysis of MERT transition to the new hospital.</p> <p>Terry Dentoni and Leslie Holpit to convene a workgroup to conduct a risk analysis of telemetry and central monitoring in the new facility.</p>
<p>VIII. Quality Measures Update</p>	<p>Sue Schwartz provided a summary of the SFGH Joint Commission and CMS Core Measures for the fourth quarter of 2014 through the third quarter of 2015.</p> <p>Highlights:</p> <ul style="list-style-type: none"> • Continuing 100% compliance for all stroke metrics. • Venous Thromboembolism (VTE) Measures. <ul style="list-style-type: none"> - The rate of Intensive Care (ICU) Prophylaxis decreased from 86% to 82%. Improvement efforts included creating easier access to Sequential Compression Devices (SCD). Unit storage of SCDs is currently being tested. -Warfarin therapy discharge instruction decreased to 78% from 81%. Improvement efforts included exploring of alignment opportunities with hospital-wide discharge flow efforts. • Emergency Dept. Throughput: There was a decrease in lead time for several measures. Throughput time continues to be longer than UHC Median. Improvement efforts included Kaizen during week of February 8th focused on decreasing lead time. • New CMS national rates are now available for benchmarking the Inpatient Psychiatry measures. ZSFG performs at or above these national rates on several measures. 	<p>Continue Quality Measures reporting.</p>

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	Sue Schwartz reported that the Core Measure Set selection was approved by the PIPS Committee at the January meeting.	
IX. Regulatory Update	<p>Jay Kloo presented the Regulatory update.</p> <p><u>Highlights of Regulatory Report:</u></p> <ul style="list-style-type: none"> • All plan of correction (POC) requirements have been fulfilled. <p>CARF/OTOP Survey: and Quality Corrective Action Recommendations</p> <ul style="list-style-type: none"> • POC is due March 2016 for minor findings from survey. <p>California Department of Public Health (CDPH) Long Term Care (LTC) Certification Survey</p> <ul style="list-style-type: none"> • Minor findings from January survey. <p>Privacy Breach</p> <ul style="list-style-type: none"> • CDPH visited ZSFG on January 13, 2016 to investigate a privacy breach. 	Monthly POC update at next Quality Council meeting.
X. Announcements	There were no announcements.	
Next Meeting	The next meeting will be held March 15, 2016 in 7M30 10:00am-11:30am	