

QUALITY COUNCIL
April 19, 2016

CO-CHAIRS: Will Huen, Roland Pickens

ATTENDANCE:

Present: Susan Brajkovic, Max Bunuan, Jeff Critchfield, Terry Dentoni, Virginia Elizondo, Will Huen, Aiyana Johnson, Jay Kloof, Tina Lee, Todd May, Basil Price, Iman Nazeeri-Simmons, Troy Williams, Lann Wilder, David Woods

QM/KPO Staff: Jenny Chacon, Valerie Chan, David Kutys, Chuck Lamb, Jessica Morton, Jignasa Pancholy, Leslie Safier, Anh Pham

Excused: Margaret Damiano, Thomas Holton

Guests: Greg Chase, Elaine Dekker, Edith Di Santo, Roger Mohammed (for Margaret Damiano)

Absent: Brent Andrew, Jenna Bilinski, Sue Carlisle, Karen Hill, Valerie Inouye, Shermineh Jafarieh, Jim Marks, Kim Nguyen, Roland Pickens

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 March 15, 2016 meeting were reviewed by the committee.	The minutes were approved.
III. Policies and Procedures	<p>Cheryl Kalson presented the Policies and Procedures for approval.</p> <p><u>Administrative Policies</u></p> <p>Policy-5.07: Evidence Collection from an Impaired or Unconscious Patient Jessica Dodge, Rape Treatment Center, presented an overview of the new sexual assault victim policy for unconscious or impaired victims. Surrogate decision makers cannot be used for collecting forensic evidence from unconscious or impaired victims as evidence collection is not a medical or lifesaving procedure.</p> <p>Policy-9.06: Managing Patient Identification Revisions included patient identification at every level of care of a patient encounter and requiring the use of two patient identifiers when reporting results by phone.</p> <p>Policy-16.06: Photographing/Videotaping/Recording in Hospital or Clinic Major revisions include policy alignment with existing DPH-wide policy and outlines consent process videotaping, photographing or recording of patients.</p>	Administrative, EOC, and Security Operating Procedures (SOP) approved.

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	<p>Policy-16.24: Threats and Violence in the Workplace--Prevention and Management Basil Price, DPH Security Services Director, presented an overview of the new policy, which is response to a state mandate, requiring hospitals to have a threat management and prevention plan. The plan includes a risk assessment, investigation procedures and proactive approach to active shooters.</p> <p>Policy-18.15: Safe Patient Handling Committee Lauren Cuttler, RN, presented this new policy, which is an expansion of an existing nursing policy to include all staff that handle patients.</p> <p>Policy-20.06: Procedures for Discharge/Readmission of Patients within ZSFG Revisions include title change, clarification of patient discharge/readmission, discharge staff unit responsibilities, and changes that include Building 25.</p> <p>Environment of Care (EOC) Policies</p> <p>EOC Policy-11.08: Room Temperature and Relative Humidity Monitoring for Invasive Procedure Rooms Greg Chase, Facilities, presented this new policy, which identified the number of invasive rooms and established thresholds for low and high humidity temperatures and monitoring procedures. Troy Williams, Chief Quality Officer, commended the facility staff for their efforts addressing this previous gap and which will help ensure a successful hospital licensing survey.</p> <p>EOC Policy-13.10: Duress Button Activation and Response Policy Basil Price, DPH Security Services Director, presented this new policy which openings outlines locations of duress buttons and response times from security for Building 25.</p> <p>EOC Policy-24.01: Ice Machine Policy Elaine Dekker, Infection Control Director, presented this new policy, which expands the role of Nursing, Food Nutrition and Services (FNS), and Facilities in the use and maintenance of ice machines.</p>	

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	<p>Summary--Security Services Standard Operating Procedures (SOPs) Basil Price, DPH Security Services Director, presented an overview of the new SOPS, which outline and clarify expectations of the Sheriff's Department as the ZSFG security program contractor. SOPs were created for the following:</p> <ul style="list-style-type: none"> • Responding and handling of security-related incidents • Visiting Policy • Arrest Procedures • Victims of Violent Crime Protection • Inpatient Forensic Patients • Incident Reporting Writing and Investigations • Inpatient Restraints • Personal Safety and Cash Escorts <p>Other countermeasures implemented to improve the oversight of the Sherriff's contract include a monthly review of performance measures and bi-weekly security meetings. Procedures outlining Sheriff's clinical handling of firearms arms or weapons are in process.</p>	<p>Security Operating Policies to be posted on the Intranet on the EOC page.</p>
<p>IV. Messenger Services</p>	<p>James Moore presented the department report.</p> <p><u>Accomplishments</u></p> <ul style="list-style-type: none"> • Communication between messenger/laundry staff and unit staff has improved; this has helped increase satisfaction with departmental services. <p><u>Challenges:</u></p> <ul style="list-style-type: none"> • The restriction of only one elevator in Building 25 allowing gurneys for patient transport will significantly impact patient transport time and satisfaction. <p><u>Highlights of Messenger Services PI Indicators:</u></p> <p><u>Care Experience</u> <u>TITLE: Patient Satisfaction Survey</u> <u>AIM: Increase the rate of patients rating patient transport as "Excellent" or "Good" from 95% to 100% by December 2015.</u> <u>STATUS: Goal not met.</u></p>	<p>Lann Wilder, James Moore and Jim Marks to meet about discussing modifying EOC Policy regarding patient transport.</p> <p>Terry Dentoni to schedule James Moore and</p>

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	<ul style="list-style-type: none"> • Overall patient satisfaction rate was 84%. • Patient dissatisfaction was attributed to patient transport delays due to elevator waits, patient traffic in hallways, and lack of available messengers. Only a small number of surveys were returned. • Proposed countermeasures included conducting a nursing staff in-services to improve communication with Messenger services about importance of returning survey cards. An increased sample size would enable Messenger to have a more accurate analysis for areas of improvement. <p><i>Financial Stewardship/Care Experience</i> <u>TITLE: Par Levels for Building 5</u> <u>AIM: By December 31, 2015 establish linen par levels for units</u> <u>STATUS: Goal met.</u></p> <ul style="list-style-type: none"> • Countermeasures included evaluating the amount of extra linen requested daily. <p>There was a discussion about the feasibility of developing metrics related that could track and quantify the quality of linens delivered. The Council also discussed the quality of linens; it was noted that stained and damaged linen has been found on the units.</p> <p><i>Contract Measures:</i> <u>Contractor: Crothall Laundry Service</u> <u>Services Provided: Laundry Service</u> <u>AIM: Timely linen delivery 90% of time.</u> Status: Goal met.</p> <p><u>Proposed 12 Month Performance Measures:</u> DRIVER METRICS <i>Care Experience</i> <u>TITLE: Baseline Par Levels for Building 25</u> <u>AIM: Determine baseline linen par-levels for Building 25 by May 2016.</u></p>	<p>Messenger services at upcoming NEC meeting.</p> <p>Clean linen sent back daily on clean carts will be taken used as a countermeasure in identifying over stocked units.</p> <p>James Moore to update Quality Council in June to discuss quality improvement efforts.</p> <p>A pilot to track dirty damaged linen will be implemented on patient move day.</p> <p>Quality Management to assist Messenger Services with developing metrics and monitoring process of patient transport times.</p>

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	<p><u>TITLE: Staff Safety and Developing People</u> <u>AIM: Increase the number of safety training topics at monthly staff meetings from <50% to 100% by May 2017.</u></p> <p><u>TITLE: Patient Transport Satisfaction Rate</u> <u>AIM: Increase the patient satisfaction rate with transport from 85% to 95% by May 2017.</u></p>	<p>James Moore to contact linen vendor about scheduling site visit to observe their quality process.</p>
<p>V. Quality Measures and CMS Hospital Star Rating Update</p>	<p>Leslie Safier described the changing reporting landscape for clinical quality measures. ZSFG has the option to submit Electronic Clinical Quality Core Measures (eCQM) for 2016 Joint Commission Core Measure Requirements, and is required to submit 4 eCQMs for the 2016 CMS inpatient quality reporting program. Traditionally, core measure data has been submitted using a human-mediated abstraction process; eCQMs require data to be submitted directly from electronic systems without human abstraction.</p> <p>In January 2016, ZSFG selected 3 electronic quality measures (Emergency Department, Surgical Care Improvement Project, and Venous Thromboembolism) and 3 chart-abstracted measures (Emergency Department, Perinatal Care, Venous Thromboembolism) to fulfill our Joint Commission Core Measure Reporting Requirement. In March 2016, ZSFG became aware that our vendor was not providing the infrastructure to submit two of our selected electronic quality measures (Surgical Care Improvement Project, and Venous Thromboembolism). A revised 2016 core measure selection including 5 chart abstracted measure sets (Perinatal Care, Venous Thromboembolism, Emergency Throughput, Hospital-Based Inpatient Psychiatry, and Immunization) and 1 eCQM (Emergency Throughput) was presented to the Committee for their approval.</p> <p>In June 2016, our vendor will be conducting an on-site assessment to determine the feasibility of submitting additional measures electronically.</p>	<p>Council members approved the modified list of 2016 core measures.</p> <p>The CMS Star Hospital Rating update was rescheduled for the May Quality Council meeting.</p>

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VI. True North Score Card	Will Huen provided an overview of the True North Score Card, which highlighted current progress in meeting proposed targets. Significant improvement was seen in reducing the 30 day Readmissions rate to 10.6% from 12.1% (target 11.3%). Three key indicators not meeting targets were Emergency Department (ED) Length of Stay (LOS)- Discharged Patients (Minutes), Patient Harm (#of Harm Events) and Inpatient Length of Stay (LOS).	The True North Scorecard to be reported quarterly to JCC leadership.
VII. CEDR and Grievance Data	<p>Edith Di Santo, Patient Experience Manager, and Aiyana Johnson, Chief Patient Experience Officer provided the annual update. An overview of the rebranding of the Patient Advocate Office to the Office of Patient Experience (OPEX), organizational structure, and overview of services and grievances data was presented.</p> <p><u>Highlights of Presentation:</u></p> <ul style="list-style-type: none"> • OPEX manages~ 360 monthly patient encounters related to patient navigation and formal grievances. • As of March 2016, there were 359 patient encounters that consisted of: <ul style="list-style-type: none"> ○ Appointments 37% ○ Care Coordination 30% ○ Grievances 14% ○ Property 11% ○ Eligibility 8%. • The number of annual number grievances increased from 210 in 2014 to 231 in 2015. <ul style="list-style-type: none"> ○ Staff rudeness and unprofessionalism was the biggest cause of patient complaints (28%) followed by clinical care experience (27%). ○ The Emergency Department (ED) had the highest rate of grievances (22%) followed by the 3M Surgical Clinic (7%). ○ OPEX staff is collaborating with departments, with a high number of grievances, on developing improvement strategies. • Proposed countermeasures to decrease grievances include implementation of iCARE and service recovery programs. Other monthly accountability measure deployed consisted of monthly reporting to ZSFG Executive Staff and review of a Countermeasure Summary at the Care Experience Data Review (CEDR) Committee. 	OPEX to continue providing monthly grievance data update to Executive Staff.

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VIII. Regulatory Update	<p>Jay Kloo presented the Regulatory update.</p> <p>Highlights of Regulatory Report: California Department of Public Health (CDPH)</p> <ul style="list-style-type: none"> • Plans of correction (POCs) for the CDPH hospital licensing survey were submitted for the areas of Fire Life and Safety, Pharmacy and Hemodialysis. • The CDPH Licensing survey for the new facility is scheduled for May 2nd. 	
VIII. Announcements	<ul style="list-style-type: none"> • Troy Williams announced that the ZSFG's new CEO, Susan Erlich, would be starting April 25th. • Susan Brajkovic, Director Risk Management, introduced the new Risk Manager Chuck Lamb. 	
Next Meeting	<p>The next meeting will be held May 17, 2016 in 7M30 10:00am-11:30am</p>	