

QUALITY COUNCIL
September 20, 2016

CO-CHAIRS: Will Huen, Susan Ehrlich

ATTENDANCE:

Present: Max Bunuan, Terry Dentoni, Thomas Holton, Valerie Inouye, Sherminah Jafarieh, Tina Lee, Todd May, Basil Price, Lann Wilder, David Woods

QM/KPO Staff: Jenny Chacon, Stephanie Chigos, Bonita Huang, Jessica Morton, Jignasa Pancholy, Anh Pham, Michael Zane (For Susan Brajkovic)

Excused: Jenna Bilinski, Susan Brajkovic, Susan Ehrlich, Jay Kloo, Iman Nazeeri-Simmons, Troy Williams

Guests: Greg Chase, Dana Freiser, Roger Mohamed (for Margaret Damiano), Sofia Newton, Ed Ochi, Jose Sanchez

Absent: Brent Andrew, Sue Carlisle, Margaret Damiano, Virginia Elizondo, Karen Hill, Will Huen, Aiyana Johnson, Jim Marks, Kim Nguyen

AGENDA ITEM	DISCUSSION	DECISION/ACTION
I. Call To Order	Todd May called the meeting to order at 10:04AM.	Informational.
II. Minutes	The minutes of the August 23, 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-8.09: Hospital Plan for Provision of Patient Care Revisions include inclusion of values and principles sections, updated patient demographics and True North.</p> <p>Policy-17.01: Performance Improvement and Patient Safety (PIPS) No changes made at this time. Todd May informed the group about future policy revisions to reflect structural streamlining of quality reporting at the Hospital Executive and Medical Staff leadership levels.</p>	Policies and Procedures were approved.
IV. Performance Measures a. Environmental Health & Safety (EH&S)	<p>Ed Ochi presented the <i>Reducing Staff Injuries</i> A3 for the department.</p> <p><u>Accomplishments:</u></p> <ul style="list-style-type: none"> • EH&S conducted an assessment of staff injury rates using industry-standard metrics. Identification of above normal injury rates led to a systematic assessment of the ZSFG Health and Safety program. <p><u>Challenges:</u></p> <ul style="list-style-type: none"> • Elevated injury rates requires a EH&S programmatic reorganization, from traditional ZSFG approaches, to allow for a more effective focus on reducing staff injury rates. 	

AGENDA ITEM	DISCUSSION	DECISION/ACTION
	<p><u>Highlights of A3 Presentation:</u></p> <ul style="list-style-type: none"> • At 10.6 injuries/100 workers per year, ZSFG injury rates exceeded the national averages for similar size hospitals. • FY-2014-2015 injuries cost \$1.02M in workers compensation and are estimated to represent an additional \$1.9M in future compensation costs. • A series of countermeasures (interventions) including leadership and management training, incorporating safety (job hazard) analysis into standard work, and preparing and disseminating tools for supervisors to use for improving staff safety were outlined. • A short term goal of reducing injuries from 21/month to 18/month in one year, and driving towards reducing injury rates to the national average for similar hospitals within five years has been established. <p>Council members emphasized the need to ensure that supervisors were aware of existing staff injury data and coached to champion employee health and safety in the workplace. It was recommended that EH&S conduct a deeper financial analysis of ZSFG specific staff injuries and related impacts such as costs associated with back filling for injured staff on leave.</p> <p><u>Proposed 12 Month Performance Measures:</u></p> <p>DRIVER METRICS</p> <p><i>Safety</i></p> <p><u>TITLE: Reduce Number of Average Monthly staff injuries.</u></p> <p><u>AIM: Reduce the number of staff injuries from 21 injuries/month to 18 injuries/month by September 2017.</u></p> <p><i>Contract Measures:</i></p> <p><u>Contractor: Clean Harbors</u></p> <p><u>Service: Packaging, off-haul, and incineration of hazardous and pharmaceutical waste from the SFGH site.</u></p> <p><u>AIM: 95% of hazardous and pharmaceutical pick-ups will completed as scheduled.</u></p> <p><u>Status: Goal not met (100-(missed pickups/50)) =94%. Meeting with vendor to discuss increasing compliance rate.</u></p> <p><u>Contractor: Clean Harbors</u></p> <p><u>Service: Packaging, off-haul, and incineration of hazardous and pharmaceutical waste from the SFGH site</u></p> <p><u>AIM: 100% regulatory compliance for waste handling.</u></p> <p><u>Status: Goal met.</u></p>	<p>Ed Ochi to report back on EH&S progress in March 2017.</p> <p>Ed Ochi and Valerie Inouye (CFO) to meet on quantifying costs resulting from ZSFG staff injuries.</p>

AGENDA ITEM	DISCUSSION	DECISION/ACTION
	<p><u>Contractor: Clean Harbors</u> <u>Service: Packaging, off-haul, and incineration of hazardous and pharmaceutical waste from the SFGH site</u> <u>AIM: 100% compliance waste shipping documentation requirements</u> <u>Status: Goal not met. Three Uniform Hazardous Waste Manifests required post site work revisions.</u></p> <p>Ed Ochi indicated that the vendor had also exceeded proposed budget contractual agreements. He would be meeting with the contractor regarding performance metrics and finances.</p>	<p>Ed Ochi, Daisy Aguallo, and Baljeet Sangha (CFO) to meet with Clean Harbors concerning performance metrics and exceeding budget targets by the end of September.</p>
<p>V. Annual EOC/Safety Security report</p>	<p>Greg Chase, Ed Ochi, Jose Sanchez, Lann Wilder and Basil Price presented the Annual EOC/Safety Security Report.</p> <p><u>Highlights of EOC Annual Report Presentation:</u></p> <ul style="list-style-type: none"> • Chapter heads for the seven Joint commission chapters presented; all chapters were found to be in compliance. • Environmental Health and Safety gained new leadership, reorganized, and is now part of Quality Management. • Security Management: <ul style="list-style-type: none"> ○ There was a reduction of serious incident crimes on the ZSFG campus by 17% from the previous FY2014-2015 quarterly average of 39.2 serious crimes reported to 32.7 in 2015-2016. ○ Revised and implemented a Security Management Plan addressing campus-wide security vulnerabilities. ○ Developed a “Threat of Violence in the Workplace: Prevention and Management” program. ○ Approved 19-Security Standard Operating Procedures. • The Biomed Engineering Department collaborated and managed the installation and implementation of 6,000 new pieces of equipment in Building 25. • For FY2016-2017, Life Safety will focus on monitoring and managing false fire alarm activations in Bldg. 25. Other upcoming projects include upgrading the fire alarm system as part of the Proposition A bond measure. • For FY2016-2017, Emergency Management will focus on the implementation of a mass notification system for ZSFG emergencies, including standardized message templates. They will also develop and conduct Code Silver Active Shooter drills. 	<p>Annual/EOC Safety Security report approved.</p>

AGENDA ITEM	DISCUSSION	DECISION/ACTION
	<p>Todd May reported that the emergency notification system is moving forward. The next steps will include identification of all staff on campus, with a focus on identifying staff in the adjacent brick buildings, to ensure receipt of emergency notifications. There was also discussion about the challenges of managing False Alarms activations, in the new facility, since the new technologies are programmed to automatically call the Fire Department when they are activated. As a result, there have been more false alarm activations, within the first three months of the new hospital's opening than the previous year in Building 5. Facilities is actively working on identifying strategies to either educate staff about preventing False Alarm activations or other best practices.</p>	
<p>VI. Falls A3 Update</p>	<p>Dana Fresier and Amy Murphy presented their A3 on <i>Patient Falls at ZSFG</i>.</p> <p>Highlights of Falls A3:</p> <ul style="list-style-type: none"> • In FY2015-2016, there were 428 falls at ZSFG, with 368 (86%) occurring in Med-Surg (51%), Inpatient Psychiatry (18%), Emergency Department (9%), Psych Emergency Services (8%); 14% of falls occurred in other areas. • Leading patient risk factors were included medication side effects and psychiatric conditions. • Falls occurred most often during toileting. There were 215 falls with no injury and 58 of falls with injury during toileting. • Inconsistent use of fall prevention efforts across services such as post-huddles, bed alarms, skid socks, rounding etc. were cited as systemic factors contributing to falls. • Proposed countermeasures: <ul style="list-style-type: none"> ○ Phase 1: Communicate falls risk at handoff to ensure ensures identification of at-risk patients. ○ Phase 2: Standardization of Interventions for falls risks patients. ○ Phase 3: Standardization of Post-Fall Management and Investigation. <p>Todd May reiterated that Falls was one of three ZSFG priorities and that leadership should be providing support with addressing organizational barriers. There was also discussion about the ability to program inpatient falls prevention videos to be watched before allowing patients to access television and audio equipment, as it is done in other hospitals. Currently, only 20% of patients are voluntarily watching patient education videos on falls prevention</p>	<p>The Falls Taskforce to report quarterly to Quality Council on the status of prevention efforts.</p>
<p>VII. Patient Safety Plan Update</p>	<p>Tom Holton presented the Patient Safety report update.</p> <p>Highlights of Patient Safety Report Update:</p>	

AGENDA ITEM	DISCUSSION	DECISION/ACTION
	<p><i>Driver Metrics</i></p> <p><u>TITLE: Reduce Falls</u> <u>AIM: Reduce falls 25% in one year and 50% from 2015-2016 (baseline =428).</u> <u>STATUS: In progress.</u></p> <ul style="list-style-type: none"> • As of August 2016, there were 64 patient falls (FY2016-2017) with 12/64 resulting in injury (19%). • Preventing falls is currently the highest priority for the Patient Safety Team. • The new multi-disciplinary falls taskforce met in July. <p><u>TITLE: Catheter Related Urinary Tract Infections (CAUTI)</u> <u>AIM: Reduce number of CAUTI in one year from 28 in FY2015-2016 11 by end of FY2016- 2017 with an eventual goal of zero in three years.</u> <u>STATUS: In progress.</u></p> <ul style="list-style-type: none"> • There was one CAUTI in July 2016. • Medicine ICU is currently testing a daily assessment of urinary catheter into the Salar template. Its effectiveness will be evaluated to determine the feasibility of organizational expansion. <p><u>TITLE: Reporting Critical Results</u> <u>AIM: Report critical results within required timeframe and complete documentation 90% of time.</u> <u>STATUS: In progress.</u></p> <ul style="list-style-type: none"> • 89% Compliance. • Critical Results were documented on paper in Med/Surg and electronically in the ICU, emergency department and Operating Room. <ul style="list-style-type: none"> ○ Of the 104 results that were noncompliant, 74% were from electronic documentation compared to 97% compliance with paper documentation. <p><u>TITLE: Clinical Alarms</u> <u>AIM: Staff can speak to the clinical alarm policy on specified units 90% of time.</u> <u>STATUS: In progress.</u></p> <ul style="list-style-type: none"> • 88% Compliance. • After the move to Building 25, many services now have uniform equipment and standardized hospital wide clinical alarm policies instead of unit based. 	<p>The Patient Safety Team is currently testing various evidence-based practices across different units such as post-fall huddles, hand off tool to prompt staff to at-risk patients, and purposeful rounding. They are also developing an A3.</p> <p>Current improvement efforts include working with clinical leads to develop standard work for documenting critical values more effectively in electronic records.</p>

AGENDA ITEM	DISCUSSION	DECISION/ACTION
	Tom Holton commended his Patient Safety Team for the 129 in-person staff encounters conducted to assess and coach staff on awareness of Patient Safety goals.	
VIII. Misc. Contracts Approval	<p>Jenny Chacon reported on the contract measures for the Department of Education (DET), KPO and Facilities as part of annual regulatory compliance.</p> <p>Todd May recommended discussing a structure for leadership to integrate performance reporting for these departments. It was also recommend that Department of Education and training revise their metrics to more accurately measure the quality of their interpreter and translation services to meet the language needs of the ZSFG patient population.</p>	<p>Contract measure approved with revisions.</p> <p>Jenny Chacon to follow-up DET for submission of revised contracts for interpretation and translation measures.</p>
IX. Regulatory Update	<p>Stephanie Chigos presented the Regulatory update.</p> <p>Highlights of Regulatory Report:</p> <ul style="list-style-type: none"> • CDPH Acute Psychiatry Staffing: Plan of Correction (POC) sent to CDPH for staffing inadequacy complaint which includes audits of staff ratios and notification of process for addressing shortages. <ul style="list-style-type: none"> ○ The number of patients who require continuous observation for falls and at-risk behaviors, due to cognitive impairment, has increased over the last six months. The ability to provide a coach for each patient has impacted staffing capacity. • CDPH Renal Service Chronic Dialysis Center Recertification Plan of Correction: 100% compliance in POC elements such as proper dialysis chair cleaning and proper infection control procedures. 	Continue monthly regulatory updates.
X. Announcements	There were no announcements.	
Next Meeting	<p>The next meeting will be held October 18, 2016 in 7M30 10:00am-11:30am</p>	